

## Before Starting the CoC Application

You must submit all three of the following parts in order for us to consider your Consolidated Application complete:

1. the CoC Application,
2. the CoC Priority Listing, and
3. all the CoC's project applications that were either approved and ranked, or rejected.

As the Collaborative Applicant, you are responsible for reviewing the following:

1. The FY 2021 CoC Program Competition Notice of Funding Opportunity (NOFO) for specific application and program requirements.
2. The FY 2021 CoC Application Detailed Instructions which provide additional information and guidance for completing the application.
3. All information provided to ensure it is correct and current.
4. Responses provided by project applicants in their Project Applications.
5. The application to ensure all documentation, including attachment are provided.

Your CoC Must Approve the Consolidated Application before You Submit It

- 24 CFR 578.9 requires you to compile and submit the CoC Consolidated Application for the FY 2021 CoC Program Competition on behalf of your CoC.

- 24 CFR 578.9(b) requires you to obtain approval from your CoC before you submit the Consolidated Application into e-snaps.

Answering Multi-Part Narrative Questions

Many questions require you to address multiple elements in a single text box. Number your responses to correspond with multi-element questions using the same numbers in the question. This will help you organize your responses to ensure they are complete and help us to review and score your responses.

Attachments

Questions requiring attachments to receive points state, "You Must Upload an Attachment to the 4B. Attachments Screen." Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process. Include a cover page with the attachment name.

- Attachments must match the questions they are associated with—if we do not award points for evidence you upload and associate with the wrong question, this is not a valid reason for you to appeal HUD's funding determination.

- We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

## 1A. Continuum of Care (CoC) Identification

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

**1A-1. CoC Name and Number:** MA-516 - Massachusetts Balance of State CoC

**1A-2. Collaborative Applicant Name:** Department of Housing and Community Development

**1A-3. CoC Designation:** CA

**1A-4. HMIS Lead:** Department of Housing and Community Development

## 1B. Coordination and Engagement–Inclusive Structure and Participation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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<b>1B-1.</b>	<b>Inclusive Structure and Participation–Participation in Coordinated Entry.</b>	
	NOFO Sections VII.B.1.a.(1), VII.B.1.e., VII.B.1.n., and VII.B.1.p.	

In the chart below for the period from May 1, 2020 to April 30, 2021:

1.	select yes or no in the chart below if the entity listed participates in CoC meetings, voted—including selecting CoC Board members, and participated in your CoC's coordinated entry system; or
2.	select Nonexistent if the organization does not exist in your CoC's geographic area:

	Organization/Person	Participated in CoC Meetings	Voted, Including Electing of CoC Board Members	Participated in CoC's Coordinated Entry System
1.	Affordable Housing Developer(s)	Yes	No	Yes
2.	Agencies serving survivors of human trafficking	Yes	Yes	Yes
3.	CDBG/HOME/ESG Entitlement Jurisdiction	Yes	Yes	Yes
4.	CoC-Funded Victim Service Providers	Yes	Yes	Yes
5.	CoC-Funded Youth Homeless Organizations	Yes	Yes	Yes
6.	Disability Advocates	Yes	Yes	No
7.	Disability Service Organizations	Yes	Yes	Yes
8.	Domestic Violence Advocates	Yes	Yes	No
9.	EMS/Crisis Response Team(s)	No	No	No
10.	Homeless or Formerly Homeless Persons	Yes	Yes	Yes
11.	Hospital(s)	No	No	No
12.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	Nonexistent	No	No
13.	Law Enforcement	No	No	No
14.	Lesbian, Gay, Bisexual, Transgender (LGBT) Advocates	Yes	No	No
15.	LGBT Service Organizations	No	No	No
16.	Local Government Staff/Officials	Yes	Yes	Yes
17.	Local Jail(s)	No	No	No
18.	Mental Health Service Organizations	Yes	Yes	Yes

19.	Mental Illness Advocates	Yes	Yes	Yes
20.	Non-CoC Funded Youth Homeless Organizations	Yes	Yes	No
21.	Non-CoC-Funded Victim Service Providers	Yes	No	No
22.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes	Yes	Yes
23.	Organizations led by and serving LGBT persons	Yes	No	Yes
24.	Organizations led by and serving people with disabilities	Yes	No	Yes
25.	Other homeless subpopulation advocates	Yes	Yes	Yes
26.	Public Housing Authorities	Yes	Yes	Yes
27.	School Administrators/Homeless Liaisons	Yes	No	No
28.	Street Outreach Team(s)	Yes	No	Yes
29.	Substance Abuse Advocates	Yes	Yes	Yes
30.	Substance Abuse Service Organizations	Yes	Yes	Yes
31.	Youth Advocates	Yes	Yes	Yes
32.	Youth Service Providers	Yes	Yes	Yes
	Other:(limit 50 characters)			
33.				
34.				

**By selecting "other" you must identify what "other" is.**

1B-2.	Open Invitation for New Members.	
	NOFO Section VII.B.1.a.(2)	

	Describe in the field below how your CoC:
1.	communicated the invitation process annually to solicit new members to join the CoC;
2.	ensured effective communication with individuals with disabilities, including the availability of accessible electronic formats;
3.	conducted outreach to ensure persons experiencing homelessness or formerly homeless persons are encouraged to join your CoC; and
4.	invited organizations serving culturally specific communities experiencing homelessness in the geographic area to address equity (e.g., Black, Latino, Indigenous, persons with disabilities).

**(limit 2,000 characters)**

The CoC uses several strategies to solicit new members. 1) The CoC holds monthly meetings referred to as Planning Group meetings, for organizations, interested parties, and homeless or formerly homeless individuals from across the CoC geography. During these meetings we regularly encourage attendees to invite others who might wish to become members. These meetings are advertised in advance via an extensive e-mail list in which we also encourage others to invite others interested in addressing homelessness including homeless and formerly homeless, and through a description on the CoC page at <https://www.mass.gov/service-details/continuum-of-care-programs-coc>. 2) CoC meetings are conducted virtually using platforms that allow for text communication as well as video, they are also accessible via telephone without the need for an internet connection. The CoC can be contacted via TYY. 3) During monthly meetings the invitation is regularly made for attendees to invite clients or other PWLE to participate. The CoC governing body, the Advisory Board, has two positions specifically for YYA with lived experience. 4)The



Racial Equity Committee includes representatives of organizations serving culturally specific communities experiencing homelessness to address equity, and a priority task they are working on now is to increase participation of other organizations who also serve these communities. Our hope is that we will make more authentic progress toward addressing racial inequities by inviting these partners in our homeless work.

1B-3.	CoC's Strategy to Solicit/Consider Opinions on Preventing and Ending Homelessness.	
	NOFO Section VII.B.1.a.(3)	

Describe in the field below how your CoC:

1.	solicited and considered opinions from a broad array of organizations and individuals that have knowledge of homelessness, or an interest in preventing and ending homelessness;
2.	communicated information during public meetings or other forums your CoC uses to solicit public information; and
3.	took into consideration information gathered in public meetings or forums to address improvements or new approaches to preventing and ending homelessness.

**(limit 2,000 characters)**

1) and 2) The CoC uses several strategies to solicit opinions from many organizations. Decisions about CoC policy and procedures are developed at open meetings which are advertised using a mailing list of more than 70 nonprofit, municipal, housing authority and state government partner agencies (well in excess of 100 persons, including PWLE). Annually, we undertake outreach to a wide range of interested persons, i.e. mailings to every state funded Community Veteran Services Officer and municipal library in the CoC reminding them of what the CoC is, the work it does, and inviting them to call, e-mail or attend meetings with questions or feedback. We have embarked upon a concerted effort to understand and address YYA homelessness and have engaged YYA from the YAB to participate in the governmental structure of the CoC, and in the HUD CE Equity Initiative to better utilize coordinated entry to quickly house and serve those in our region. In Planning meetings which include the full membership of the CoC, we consistently invite members to invite other organizations and PWLE to participate in the CoC at the level they are most comfortable - in committees, in meetings, and/or providing input regarding need in their area of the CoC geography. This has been particularly beneficial in two of our communities, Lowell and Lawrence, and our experiences have inspired our approach with other cities and towns in the CoC. 3) The information gleaned in Planning meetings which are open to the public, contribute to every aspect of CoC operations including policies and procedures, identifying gaps, and during the pandemic, identifying areas most at risk or least served. In addition, CoC members attend meetings hosted by the MA CoC organization which includes all CoCs in the Commonwealth. These meetings offer trainings on different strategies for addressing homelessness, best-practice sharing between CoCs, and working groups such as the Racial Equity Working Group led by the MA-516 Supervisor.

1B-4.	Public Notification for Proposals from Organizations Not Previously Funded.	
	NOFO Section VII.B.1.a.(4)	

	Describe in the field below how your CoC notified the public:
1.	that your CoC's local competition was open and accepting project applications;
2.	that your CoC will consider project applications from organizations that have not previously received CoC Program funding;
3.	about how project applicants must submit their project applications;
4.	about how your CoC would determine which project applications it would submit to HUD for funding; and
5.	how your CoC effectively communicated with individuals with disabilities, including making information accessible in electronic formats.

**(limit 2,000 characters)**

1) The Collaborative Applicant (CA) uses the monthly Planning meetings, extensive email list, CoC membership, and the CoC newsletter to inform those in the CoC geography when the HUD NOFO is issued, any priorities identified in the previous year which new projects could address, and providing a working calendar with deadlines for all aspects of the NOFO. 2) During these meetings and communications, a specific invitation for new applicants is made, and one member engaged in conversations with the CoC Supervisor about the process, the requirements, and need for new projects. 3) These communications also include the process for submission in esnaps along with the assurance that assistance will be provided if needed. 4) A call for concept papers was made during the Planning meeting and followed by a form sent to everyone in the email list that specifically outlined the process for new projects, and included specific questions tied to scalable new projects. 4) Based upon the concepts submitted by CoC membership, the CoC developed three new projects, and if awarded, a competitive procurement (RFR) will be developed seeking subrecipients to administer them. 5) The RFR will posted to the Commonwealth's public procurement website in PDF format to ensure accessibility. once the FY21 NOFO is complete and decisions as to funding have been made. We are submitting with this application 3 new projects based on the feedback from agencies who submitted concept papers. If funded, we will issue RFR's to choose subrecipients to administer these grants. The procurement website is public and interested parties are able to set up alerts to receive notices when new opportunities become available.

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

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1C-1.	Coordination with Federal, State, Local, Private, and Other Organizations.	
	NOFO Section VII.B.1.b.	

In the chart below:

1.	select yes or no for entities listed that are included in your CoC's coordination, planning, and operations of projects that serve individuals, families, unaccompanied youth, persons who are fleeing domestic violence who are experiencing homelessness, or those at risk of homelessness; or
2.	select Nonexistent if the organization does not exist within your CoC's geographic area.

	Entities or Organizations Your CoC Coordinates with for Planning or Operations of Projects	Coordinates with Planning or Operations of Projects
1.	Funding Collaboratives	No
2.	Head Start Program	Yes
3.	Housing and services programs funded through Local Government	Yes
4.	Housing and services programs funded through other Federal Resources (non-CoC)	Yes
5.	Housing and services programs funded through private entities, including Foundations	Yes
6.	Housing and services programs funded through State Government	Yes
7.	Housing and services programs funded through U.S. Department of Health and Human Services (HHS)	Yes
8.	Housing and services programs funded through U.S. Department of Justice (DOJ)	Yes
9.	Housing Opportunities for Persons with AIDS (HOPWA)	Yes
10.	Indian Tribes and Tribally Designated Housing Entities (TDHEs) (Tribal Organizations)	No
11.	Organizations led by and serving Black, Brown, Indigenous and other People of Color	Yes
12.	Organizations led by and serving LGBT persons	No
13.	Organizations led by and serving people with disabilities	Yes
14.	Private Foundations	Yes
15.	Public Housing Authorities	Yes
16.	Runaway and Homeless Youth (RHY)	Yes
17.	Temporary Assistance for Needy Families (TANF)	Yes
	Other:(limit 50 characters)	

18.		
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1C-2.	CoC Consultation with ESG Program Recipients.	
	NOFO Section VII.B.1.b.	

	Describe in the field below how your CoC:
1.	consulted with ESG Program recipients in planning and allocating ESG and ESG-CV funds;
2.	participated in evaluating and reporting performance of ESG Program recipients and subrecipients;
3.	provided Point-in-Time (PIT) count and Housing Inventory Count (HIC) data to the Consolidated Plan jurisdictions within its geographic area; and
4.	provided information to Consolidated Plan Jurisdictions within your CoC's geographic area so it could be addressed in Consolidated Plan update.

**(limit 2,000 characters)**

1) DHCD is the collaborative applicant and the MA non-entitlement recipient of ESG and ESG-CV. The ESG Contract Manager (CM) is embedded in the same unit as CoC staff, facilitating their easy engagement. The CoC intersects with three recipients: non-entitlement (MA) already referenced, as well as entitlements Lawrence (L), and Newton (N). Members of these communities are active participants in Planning, Ranking/Review Committee, Coordinated Entry Committee and the Racial Equity Committee. 2) The CM provides info on funding use, program outcomes, and project participation in coordinated entry (CE). The CoC consults with entitlement communities during their ESG planning discussions. ESG-CV non-entitlement funding decisions were made in collaboration with the entitlement communities in the CoC's geography to ensure resources were best aligned to have the greatest impact in mitigating the impact of COVID. The CM conducts evaluations of MA funded projects and provides updates to CoC staff; L and N communicate updates to CoC staff and participate in Planning Group meetings. L & N subrecipients are participating in CE regionalization efforts to better connect participants to housing within their home communities. ESG RRH projects take referrals through CE; the CoC will invite ESG project staff to review CoC RRH policies during the upcoming year. CoC staff are working with N to improve shelter program policies on max night stays and Framingham on targeting limited outreach resources. All ESG projects utilize HMIS or comparable database and the CoC has a formal method to make CAPER outcomes available to the Ranking/Review Committee. 3) The CoC provided PIT, HIC, and CE data to all jurisdictions and updates on MA projects. 4) At DHCD, the CM participates in writing the Plan and annual updates. CoC staff participates in community needs assessments and gaps analysis planning conducted by Planning jurisdictions and their community partners.

1C-3.	Ensuring Families are not Separated.	
	NOFO Section VII.B.1.c.	

Select yes or no in the chart below to indicate how your CoC ensures emergency shelter, transitional housing, and permanent housing (PSH and RRH) do not deny admission or separate family members regardless of each family member's self-reported gender:

1. Conducted mandatory training for all CoC- and ESG-funded service providers to ensure families are not separated.	No
2. Conducted optional training for all CoC- and ESG-funded service providers to ensure families are not separated.	Yes
3. Worked with ESG recipient(s) to adopt uniform anti-discrimination policies for all subrecipients.	Yes
4. Worked with ESG recipient(s) to identify both CoC- and ESG-funded facilities within your CoC's geographic area that might be out of compliance and took steps to work directly with those facilities to bring them into compliance.	Yes
5. Sought assistance from HUD by submitting AAQs or requesting technical assistance to resolve noncompliance of service providers.	No
6. Other. (limit 150 characters)	

1C-4. CoC Collaboration Related to Children and Youth–SEAs, LEAs, Local Liaisons & State Coordinators.	
NOFO Section VII.B.1.d.	

Describe in the field below:
1. how your CoC collaborates with youth education providers;
2. your CoC's formal partnerships with youth education providers;
3. how your CoC collaborates with State Education Agency (SEA) and Local Education Agency (LEA);
4. your CoC's formal partnerships with SEAs and LEAs;
5. how your CoC collaborates with school districts; and
6. your CoC's formal partnerships with school districts.

**(limit 2,000 characters)**

1) The CoC utilizes the experience of its YYA-serving partners to connect youth to a wide array of education services at the pre- and post-secondary levels. State rehabilitation funding provides Continuing Education and training services for clients with disabling conditions. The CoC is a recipient of a \$5 million YHDP grant and is partnering with the National Center for Homeless Education to strengthen its approach. 2) UMass Lowell and Merrimack Community College each have formal relationships with the YAB, and often host YAB meetings and special events. 3) The MA Dept. of Elementary and Secondary Education, Homeless Education State Coordinator is a member of our CoC Advisory Board. Several of the CoC's youth-serving provider partners have formal agreements with LEAs to provide mental health services on site. Three of the largest cities in the CoC are McKinney-Vento recipients - Haverhill, Lawrence, and Lowell. The Balance of State CoC communicates regularly with the Commonwealth's Homeless Education State Coordinator on issues relating to homeless youth and young adults. The Collaborative Applicant operates the family shelter system and requires every family shelter to ensure children are in school and that each shelter is connected with their LEA and local liaison to identify and assist homeless and at-risk families. 4) The CoC partners with a nonprofit that is the Lead Agency for the state child welfare department. Education Coordinators at the Lead Agency sit in three of the five regional offices of the state child welfare agency and serve as a bridge between that agency and the LEA, to address the special education needs. 5) and 6) Our relationships with provider partners who are active in local schools include: Wayside/Tempo (Framingham), JRI's Youth Harbors Program's (Tri-City), My Life My Choice (Metro-Boston), Roxbury Youth Works (Metro-Boston), JRI's Children's Friends of and Family (Lawrence), YouthBuild in Lowell, and ABCD

as Head Start provider for 9 of the districts in the CoC.

1C-4a.	CoC Collaboration Related to Children and Youth–Educational Services–Informing Individuals and Families Experiencing Homelessness about Eligibility.	
	NOFO Section VII.B.1.d.	

Describe in the field below written policies and procedures your CoC adopted to inform individuals and families who become homeless of their eligibility for educational services.

**(limit 2,000 characters)**

The Collaborative Applicant operates the family shelter system and requires, by contract, that every family shelter ensures children are in school, and they have a joint process with the McKinney-Vento Liaisons to identify and assist homeless and at-risk families. In addition, each CoC service provider serving families must designate staff to ensure that homeless children have equal access to all the educational resources available to non-homeless students, and to make sure the educational needs of pre-school age and school age children are met. Each designated staff person is required, at a minimum, to:

- Ensure that children are enrolled in school and connected to the appropriate services within the community.
- Ensure that each family with school age or pre-school age children is provided with understandable information in a language they understand about their rights to assistance from the McKinney-Vento Act as amended by the HEARTH Act. This information should include the right to have school age children enrolled immediately in school, the right to have child(ren) attend their school of origin, the right to transportation to and from their school of origin.
- Provide each family with the name and contact information for the district's McKinney Vento homeless Liaison, and assist the family if needed to contact the liaison. The liaison will work with each family with a school age or pre-school age member to ensure students who are homeless with disabilities have access to resources available through both the Individuals with Disabilities Education Act, and McKinney-Vento.
- Be familiar with educational resources in the community particularly those for pre-school age children with disabilities and other special needs children so that they can access HEALTHY START, HEAD START, IDEA, Early Education and Care, and other appropriate resources.

Compliance with this requirement is confirmed when CoC staff conduct their annual monitoring of each project serving households with children.

1C-4b.	CoC Collaboration Related to Children and Youth–Educational Services–Written/Formal Agreements or Partnerships with Early Childhood Services Providers.	
	NOFO Section VII.B.1.d.	

Select yes or no in the chart below to indicate whether your CoC has written formal agreements or partnerships with the listed providers of early childhood services:

	MOU/MOA	Other Formal Agreement
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1.	Birth to 3 years	No	No
2.	Child Care and Development Fund	No	No
3.	Early Childhood Providers	No	Yes
4.	Early Head Start	No	No
5.	Federal Home Visiting Program--(including Maternal, Infant and Early Childhood Home and Visiting or MIECHV)	No	No
6.	Head Start	No	Yes
7.	Healthy Start	No	No
8.	Public Pre-K	No	No
9.	Tribal Home Visiting Program	No	No
	Other (limit 150 characters)		
10.			

1C-5.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Annual Training--Best Practices.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC coordinates to provide training for:

1.	Project staff that addresses safety and best practices (e.g., trauma-informed, victim-centered) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually); and
2.	Coordinated Entry staff that addresses safety and best practices (e.g., trauma informed care) on safety and planning protocols in serving survivors of domestic violence and indicate the frequency of the training in your response (e.g., monthly, semi-annually).

**(limit 2,000 characters)**

1) DV service providers within the CoC provide training weekly to staff to ensure they stay vigilant about the safety and security needs of tenants including Lethality and Risk Assessments, and court accompaniment. In addition, staff participate in annual trainings offered by Jane Doe on various topics to stay attuned to emerging challenges such as internet and social media safety.

2) Trauma informed care, confidentiality, data security, and client choice are all included in the CoC's Coordinated Entry (CE) trainings which occur monthly and are attended by anyone who interacts with CE. Domestic Violence serving agencies and PWLE of domestic violence provided technical support and guidance in the creation of the system and its policies and procedures. As a result, the process of acquiring housing through CE has been developed with a trauma-informed care lens. For example, the vulnerability assessment tool asks questions that may trigger memories of past trauma in unexpected ways. The CoC's CE training includes strategies for noticing if this is happening, the ability to skip questions, and allowing the necessary space and time (including multiple sittings if necessary) to complete the assessment.

1C-5a.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors--Using De-identified Aggregate Data.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC uses de-identified aggregate data from a comparable database to assess the special needs related to domestic violence, dating violence, sexual assault, and stalking survivors.

**(limit 2,000 characters)**

Currently, we use information from CE, our System Performance Measures and HIC, and our Rehousing Data Collective database (which compiles the number of clients currently in non-DV projects but have experienced DV), to analyze the need in the CoC related to domestic violence.

In 2019, the CoC received an HMIS Capacity Building grant which was instrumental in developing new processes including an expanded HMIS team.

The newly formed Domestic Violence committee of the CoC will be working closely with this team to develop processes and strategies to increase the accuracy of the DV data that is available via comparable databases while ensuring that only de-identified data is used.

Historically, many of the DV-serving agencies in the CoC did not use our HMIS system. Our HMIS Lead has been working with them to identify comparable databases that are secure and compliant with HUD HMIS requirements. These can provide system performance measure reports to the CoC without any identifying information, thus allowing us to develop a more complete picture of the DV needs in the CoC. The DV Bonus request specifically includes a comparable database in the budget, as do both expansion requests from DV providers in the CoC.

1C-5b.	Addressing Needs of Domestic Violence, Dating Violence, Sexual Assault, and Stalking Survivors—Coordinated Assessment—Safety, Planning, and Confidentiality Protocols.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC's coordinated entry system protocols incorporate trauma-informed, victim-centered approaches while maximizing client choice for housing and services that:

1.	prioritize safety;
2.	use emergency transfer plan; and
3.	ensure confidentiality.

**(limit 2,000 characters)**

1) Strategies to provide safe and confidential access to coordinated entry (CE) include virtual intake, creating physical spaces that promote privacy and confidentiality, using trauma-informed interviewing, and including those with lived experience in updates to policies and procedures, thus ensuring a victim-centered approach.

The CoC has adopted the Commonwealth's existing DV process to safely access shelter and transitional housing. The first step is to contact SafeLink, a confidential resource for anyone affected by domestic or dating violence. Each call is answered by a trained advocate who provides support, assistance with safety planning, and information on resources including CE and DV providers within the CoC to whom referrals can be made.

2) The CoC, in consultation with DV providers, clinical staff, and VAWA experts, developed and implemented an emergency transfer (ET) planning process using CE to quickly identify and access alternative housing. To attain an ET, the



tenant submits a written request to the program lead including either a statement expressing why the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains in the current dwelling unit; OR that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-day period preceding the tenant's request for an emergency transfer. It may also request case manager assistance.

3) The CoC ensures that any information the tenant submits in requesting an emergency transfer is kept anonymous, unless the tenant gives the housing project written permission to release the information, or disclosure of the information is required by law. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person or persons that committed the act or acts of domestic violence, dating violence, sexual assault, or stalking against the tenant.

1C-6.	Addressing the Needs of Lesbian, Gay, Bisexual, Transgender–Anti-Discrimination Policy and Training.	
	NOFO Section VII.B.1.f.	

1.	Did your CoC implement a written CoC-wide anti-discrimination policy ensuring that LGBT individuals and families receive supportive services, shelter, and housing free from discrimination?	No
2.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement the Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (Equal Access Final Rule)?	No
3.	Did your CoC conduct annual CoC-wide training with providers on how to effectively implement Equal Access to Housing in HUD Programs in Accordance with an Individual's Gender Identity (Gender Identity Final Rule)?	No

1C-7.	Public Housing Agencies within Your CoC's Geographic Area–New Admissions–General/Limited Preference–Moving On Strategy. You Must Upload an Attachment(s) to the 4B. Attachments Screen.	
	NOFO Section VII.B.1.g.	

Enter information in the chart below for the two largest PHAs highlighted in gray on the CoC-PHA Crosswalk Report at <https://files.hudexchange.info/resources/documents/FY-2020-CoC-PHA-Crosswalk-Report.pdf> or the two PHAs your CoC has a working relationship with—if there is only one PHA in your CoC's geographic area, provide information on the one:

Public Housing Agency Name	Enter the Percent of New Admissions into Public Housing and Housing Choice Voucher Program During FY 2020 who were experiencing homelessness at entry	Does the PHA have a General or Limited Homeless Preference?	Does the PHA have a Preference for current PSH program participants no longer needing intensive supportive services, e.g., Moving On?
DHCD	10%	Yes-HCV	Yes
Lowell Housing Authority	29%	Yes-Public Housing	No

1C-7a.	Written Policies on Homeless Admission Preferences with PHAs.	
	NOFO Section VII.B.1.g.	

Describe in the field below:

1.	steps your CoC has taken, with the two largest PHAs within your CoC's geographic area or the two PHAs your CoC has working relationships with, to adopt a homeless admission preference—if your CoC only has one PHA within its geographic area, you may respond for the one; or
2.	state that your CoC has not worked with the PHAs in its geographic area to adopt a homeless admission preference.

**(limit 2,000 characters)**

1. This CoC operates within and also in partnership with the Massachusetts Department of Housing and Community Development (DHCD), the largest PHA in the CoC geography. DHCD has established certain homeless preferences in its administrative plan as identified in the attachment. The CoC partnered with the Rental Assistance division of DHCD to create a limited preference for Mainstream Vouchers that went into effect on June 20, 2019, for households with an adult household member who is non-elderly, disabled and homeless or institutionalized.

This year, DHCD, with input from the CoC, created a plan to distribute 193 Emergency Homeless Vouches in acknowledgement of the needs of homeless individuals and families. The CoC and DHCD will continue to have conversations about homeless preferences in the administrative plan and as part of other funding schemes.

The Lowell Housing Authority has already established a limited homeless preference and a significant portion of new admissions to that Housing Authority are homeless at the time of admission.

2. N/A

1C-7b.	Moving On Strategy with Affordable Housing Providers.	
	Not Scored—For Information Only	

Select yes or no in the chart below to indicate affordable housing providers in your CoC's jurisdiction that your recipients use to move program participants to other subsidized housing:

1.	Multifamily assisted housing owners	Yes
2.	PHA	Yes
3.	Low Income Tax Credit (LIHTC) developments	No
4.	Local low-income housing programs	Yes
	Other (limit 150 characters)	
5.		

1C-7c.	Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
	NOFO Section VII.B.1.g.	

Does your CoC include PHA-funded units in the CoC's coordinated entry process?	Yes
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1C-7c.1.	Method for Including PHA-Funded Units in Your CoC's Coordinated Entry System.	
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FY2021 CoC Application	Page 14	11/09/2021
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NOFO Section VII.B.1.g.
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If you selected yes in question 1C-7c., describe in the field below:
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1.	how your CoC includes the units in its Coordinated Entry process; and
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2.	whether your CoC's practices are formalized in written agreements with the PHA, e.g., MOUs.
----	---

**(limit 2,000 characters)**

1) EHV has opened a door for collaboration with the PHA that covers our geography. Through this process, applicants to coordinated entry are evaluated using the priorities outlined in PIH 2021-15 and further defined by the BoS CoC. If they are determined homeless per 24 CFR 578.3, and their circumstances indicate they would be well-suited to an EHV, e.g. they have limited supportive service needs or the needs they have can be met through an existing relationship with a service provider, they are referred to DHCD, the PHA for our CoC, who then takes them through the next phase of the process which includes housing search and placement.

Through this NOFO, we have also included a new project that specifically uses EHVs, which will further strengthen this new partnership. The CoC will seek additional opportunities to use this process to create more opportunities to combine resources and include PHA units in the CE process.

2) The EHV process is being implemented through a formal MOU and written agreement between the PHA and the CoC. In addition, the CoC is one of three organizations participating in a Foster to Youth Independence Initiative and a draft MOU is currently under review.

1C-7d.	Submitting CoC and PHA Joint Applications for Funding for People Experiencing Homelessness.	
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NOFO Section VII.B.1.g.
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Did your CoC coordinate with a PHA(s) to submit a joint application(s) for funding of projects serving families experiencing homelessness (e.g., applications for mainstream vouchers, Family Unification Program (FUP), other non-federal programs)?	Yes
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1C-7d.1.	CoC and PHA Joint Application—Experience—Benefits.	
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NOFO Section VII.B.1.g.
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If you selected yes to question 1C-7d, describe in the field below:
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1.	the type of joint project applied for;
----	--

2.	whether the application was approved; and
----	---

3.	how your CoC and families experiencing homelessness benefited from the coordination.
----	--

**(limit 2,000 characters)**

1) The DHCD Public Housing Authority will be using 25 Foster Youth to Independence vouchers in partnership with the Balance of State CoC and the Massachusetts Department of Children and Families. These are being issued under PIH 2020-28 in a non-competitive process. Through this three-way partnership, the CoC will: 1. Integrate the prioritization and referral process for

eligible youth into the CoC's coordinated entry process. 2. Identify services, if any, to be provided using CoC program funds to youth who qualify for CoC program assistance. 3. Make referrals of FYI-eligible youth to the DCF.

2. These vouchers are approved on a per-voucher basis, submitted to HUD.

3. These are an excellent complement to the work already being undertaken as part of the YHDP grant recently awarded, and the Youth TH-RRH project already funded through the BoS CoC. Through this partnership between the PHA, the CoC, and DCF, we anticipate housing 25 young people before they become homeless as a result of leaving foster care.

1C-7e.	Coordinating with PHA(s) to Apply for or Implement HCV Dedicated to Homelessness Including American Rescue Plan Vouchers.	
	NOFO Section VII.B.1.g.	

Did your CoC coordinate with any PHA to apply for or implement funding provided for Housing Choice Vouchers dedicated to homelessness, including vouchers provided through the American Rescue Plan?	Yes
--	-----

1C-7e.1.	Coordinating with PHA(s) to Administer Emergency Housing Voucher (EHV) Program—List of PHAs with MOUs.	
	Not Scored—For Information Only	

Did your CoC enter into a Memorandum of Understanding (MOU) with any PHA to administer the EHV Program?	Yes
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If you select yes, you must use the list feature below to enter the name of every PHA your CoC has entered into a MOU with to administer the Emergency Housing Voucher Program.

PHA
This list contains no items

## 1C. Coordination and Engagement–Coordination with Federal, State, Local, Private, and Other Organiza

1C-8.	Discharge Planning Coordination.	
	NOFO Section VII.B.1.h.	

Select yes or no in the chart below to indicate whether your CoC actively coordinates with the systems of care listed to ensure persons who have resided in them longer than 90 days are not discharged directly to the streets, emergency shelters, or other homeless assistance programs.

1. Foster Care	Yes
2. Health Care	Yes
3. Mental Health Care	Yes
4. Correctional Facilities	Yes

1C-9.	Housing First–Lowering Barriers to Entry.	
	NOFO Section VII.B.1.i.	

1.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition.	53
2.	Enter the total number of new and renewal CoC Program-funded PSH, RRH, SSO non-coordinated entry, Safe-Haven, and Transitional Housing projects your CoC is applying for in FY 2021 CoC Program Competition that have adopted the Housing First approach.	48
3.	This number is a calculation of the percentage of new and renewal PSH, RRH, Safe-Haven, SSO non-coordinated entry projects the CoC has ranked in its CoC Priority Listing in the FY 2021 CoC Program Competition that reported that they are lowering barriers to entry and prioritizing rapid placement and stabilization to permanent housing.	91%

1C-9a.	Housing First–Project Evaluation.	
	NOFO Section VII.B.1.i.	

Describe in the field below how your CoC regularly evaluates projects to ensure those that commit to using a Housing First approach are prioritizing rapid placement and stabilization in permanent housing and are not requiring service participation or preconditions of program participants.

**(limit 2,000 characters)**

The CoC uses a number of methods to encourage the use of Housing First. Funded projects are all monitored annually, and a portion of the monitoring is a review of Housing First policies and procedures, a review of clients who were evicted from CoC-funded units, and a sample client file review. Each of these

activities during the monitoring, in addition to conversations with the project leads, help ensure that the level of low barrier or Housing First promised in the application are being implemented.

The BoS CoC promotes Housing First as the preferred approach for new projects resulting in this being the model used in 91% of our projects. Those that do not are TH for DV survivors, or projects originally funded under the Shelter Plus Care model with some program requirements. The CoC accepts new projects that are not Housing First under very strict and limited guidelines such as TH-RRH programs where the TH portion may not function well using the Housing First model. Every expansion request and new project proposal in the FY21 NOFO is Housing First.

The Ranking Tool used by the CoC provides 5 points for projects that operate a Housing First project.

1C-9b.	Housing First–Veterans.	
	Not Scored–For Information Only	

Does your CoC have sufficient resources to ensure each Veteran experiencing homelessness is assisted to quickly move into permanent housing using a Housing First approach?	Yes
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1C-10.	Street Outreach–Scope.	
	NOFO Section VII.B.1.j.	

	Describe in the field below:
1.	your CoC's street outreach efforts, including the methods it uses to ensure all persons experiencing unsheltered homelessness are identified and engaged;
2.	whether your CoC's Street Outreach covers 100 percent of the CoC's geographic area;
3.	how often your CoC conducts street outreach; and
4.	how your CoC tailored its street outreach to persons experiencing homelessness who are least likely to request assistance.

**(limit 2,000 characters)**

1) Across the CoC geography, case managers and outreach staff go into the increasing number of encampments, work with police, first responders and area hospitals to identify and build relationships with unsheltered persons. Service and housing assistance is advertised in both English and Spanish on agency websites, the mass.gov website (which also has TYY capability), and follows the fair housing guidance presented at 24 CFR 578.93(c). Any person needing additional assistance such as large print or sign-language interpreters can access that assistance.

The CoC is using EHV's to create opportunities for this population through a Moving On approach and has distributed an EHV Guide through the CoC email list to market this resource

2) Street outreach covers 100% of its geographic area.

3) Outreach is undertaken 5-7 days per week. In the Mystic River valley, we have two teams of people conducting street outreach under bridges, in libraries, parks, abandoned buildings, vehicles, soup kitchens and along river edges to

connect people living in places not meant for human habitation with other resources, including shelter and housing. DPH has funded a full-time outreach worker in Lawrence working with persons living under the bridges there and struggling with opiate addiction.

4) Across the CoC geography, PATH staff work with unsheltered persons who are least likely to request assistance because they are struggling with mental health and substance use issues. In this NOFO response, we have submitted a request to fund a new project specifically targeting this hard-to-reach population. This project pairs a Case Manager who is also an Outreach Worker, and a Peer Specialist, someone with lived experience who has been hired for his/her/their expertise. This pairing uses the expertise and skills they each have to facilitate trust and understanding, and more quickly house those least likely to request help in a Housing First unit.

1C-11.	Criminalization of Homelessness.	
	NOFO Section VII.B.1.k.	

Select yes or no in the chart below to indicate strategies your CoC implemented to prevent the criminalization of homelessness in your CoC's geographic area:

1.	Engaged/educated local policymakers	Yes
2.	Engaged/educated law enforcement	Yes
3.	Engaged/educated local business leaders	Yes
4.	Implemented communitywide plans	No
5.	Other:(limit 500 characters)	

1C-12.	Rapid Rehousing–RRH Beds as Reported in the Housing Inventory Count (HIC).	
	NOFO Section VII.B.1.l.	

	2020	2021
Enter the total number of RRH beds available to serve all populations as reported in the HIC—only enter bed data for projects that have an inventory type of “Current.”	986	367

1C-13.	Mainstream Benefits and Other Assistance–Healthcare–Enrollment/Effective Utilization.	
	NOFO Section VII.B.1.m.	

Indicate in the chart below whether your CoC assists persons experiencing homelessness with enrolling in health insurance and effectively using Medicaid and other benefits.

Type of Health Care	Assist with Enrollment?	Assist with Utilization of Benefits?
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1. Public Health Care Benefits (State or Federal benefits, Medicaid, Indian Health Services)	Yes	Yes
2. Private Insurers	Yes	Yes
3. Nonprofit, Philanthropic	Yes	Yes
4. Other (limit 150 characters)		

1C-13a. Mainstream Benefits and Other Assistance—Information and Training.	
NOFO Section VII.B.1.m	

Describe in the field below how your CoC provides information and training to CoC Program-funded projects by:

1. systemically providing up to date information on mainstream resources available for program participants (e.g., Food Stamps, SSI, TANF, substance abuse programs) within your CoC's geographic area;
2. communicating information about available mainstream resources and other assistance and how often your CoC communicates this information;
3. working with projects to collaborate with healthcare organizations to assist program participants with enrolling in health insurance; and
4. providing assistance with the effective use of Medicaid and other benefits.

(limit 2,000 characters)

1) and 2) DHCD is responsible for overseeing the CoC's strategy related to mainstream benefits. This strategy includes use of the monthly newsletter which is distributed to all CoC subrecipients, service providers, a wide array of state agencies and any other person who have expressed interest in the CoC. The newsletter includes information and updates about mainstream resources available for program participants. When the CoC becomes aware of updates, it also includes this information in the monthly CoC meeting, and contract managers notify subrecipients of changes as they become aware of them. In June, 2021, the monthly CoC Planning meeting included a presentation from the local SOAR representative who will be making another presentation in early 2022.

3) DHCD, the CoC's collaborative applicant is also the sole funder of family shelter in the Commonwealth. All persons who are seeking access to the shelter system are screened, at intake, for eligibility for food stamps, WIC, and Mass Health, and if found to be eligible, enrolled in those programs. During the pandemic, the CoC regularly conveyed information on vaccine locations, community health organizations, and mobile vaccine clinics.

4) The SOAR presentation mentioned in answer 2 was instructive regarding Medicaid benefits and helping providers understand how to assist their clients in using these. In addition, the most FY21 NOFO FAQs provided information on using Medicaid as a match for CoC funds which was particularly helpful to one subrecipient to identify ways to make all resources go further.

1C-14. Centralized or Coordinated Entry System—Assessment Tool. You Must Upload an Attachment to the 4B. Attachments Screen.	
NOFO Section VII.B.1.n.	

Describe in the field below how your CoC's coordinated entry system:

1. covers 100 percent of your CoC's geographic area;
--



2.	reaches people who are least likely to apply for homeless assistance in the absence of special outreach;
3.	prioritizes people most in need of assistance; and
4.	ensures people most in need of assistance receive assistance in a timely manner.

**(limit 2,000 characters)**

1) Through the use of a regionalized CE system, Housing Navigators in each region, and a no wrong door approach the CES covers 100% of the geographic area.

2) To ensure the broadest awareness of CE, information about the CoC, CE, and the Assessment tool, are advertised on the CoC webpage at mass.gov in both English and Spanish. Partner agencies also advertise on their own websites and through direct outreach to those least likely to request services, or be aware that they are available.

3) The CoC prioritizes people most in need of assistance by reaching out to every Community Action Agency, PATH provider and library in the CoC geography, as well as food pantries, faith-based organizations, and other State agencies including the Department of Mental Health and the Department of Public Health's Bureau of Substance Use, Bureau of Infectious Disease, and Domestic Violence Unit. Prioritization is based on individuals and families who are chronically homeless with the longest history of homelessness and with the most severe needs. The CE Assessment tool identifies the most vulnerable with the highest score.

4) The CoC's Regional Housing Navigators work with applicants to compile documentation, refer them to agencies which can provide assistance for immediate needs, so that they can quickly rent a unit when it becomes available.

1C-15.	Promoting Racial Equity in Homelessness—Assessing Racial Disparities.	
	NOFO Section VII.B.1.o.	

Did your CoC conduct an assessment of whether disparities in the provision or outcome of homeless assistance exists within the last 3 years?	Yes
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1C-15a.	Racial Disparities Assessment Results.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the findings from your CoC's most recent racial disparities assessment.

1.	People of different races or ethnicities are more likely to receive homeless assistance.	Yes
2.	People of different races or ethnicities are less likely to receive homeless assistance.	Yes
3.	People of different races or ethnicities are more likely to receive a positive outcome from homeless assistance.	No
4.	People of different races or ethnicities are less likely to receive a positive outcome from homeless assistance.	No
5.	There are no racial or ethnic disparities in the provision or outcome of homeless assistance.	No

6.	The results are inconclusive for racial or ethnic disparities in the provision or outcome of homeless assistance.	Yes
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1C-15b.	Strategies to Address Racial Disparities.	
	NOFO Section VII.B.1.o.	

Select yes or no in the chart below to indicate the strategies your CoC is using to address any racial disparities.

1.	The CoC's board and decisionmaking bodies are representative of the population served in the CoC.	No
2.	The CoC has identified steps it will take to help the CoC board and decisionmaking bodies better reflect the population served in the CoC.	Yes
3.	The CoC is expanding outreach in geographic areas with higher concentrations of underrepresented groups.	Yes
4.	The CoC has communication, such as flyers, websites, or other materials, inclusive of underrepresented groups.	Yes
5.	The CoC is training staff working in the homeless services sector to better understand racism and the intersection of racism and homelessness.	Yes
6.	The CoC is establishing professional development opportunities to identify and invest in emerging leaders of different races and ethnicities in the homelessness sector.	No
7.	The CoC has staff, committees, or other resources charged with analyzing and addressing racial disparities related to homelessness.	Yes
8.	The CoC is educating organizations, stakeholders, boards of directors for local and national nonprofit organizations working on homelessness on the topic of creating greater racial and ethnic diversity.	Yes
9.	The CoC reviewed coordinated entry processes to understand their impact on people of different races and ethnicities experiencing homelessness.	Yes
10.	The CoC is collecting data to better understand the pattern of program use for people of different races and ethnicities in its homeless services system.	Yes
11.	The CoC is conducting additional research to understand the scope and needs of different races or ethnicities experiencing homelessness.	Yes
	Other:(limit 500 characters)	
12.	The CoC requested TA to improve CE, and one aspect is racial disparity; the CoC is participating in the CE Equity Initiative the HUD CE Equity	Yes

1C-15c.	Promoting Racial Equity in Homelessness Beyond Areas Identified in Racial Disparity Assessment.	
	NOFO Section VII.B.1.o.	

Describe in the field below the steps your CoC and homeless providers have taken to improve racial equity in the provision and outcomes of assistance beyond just those areas identified in the racial disparity assessment.

(limit 2,000 characters)

The CoC has taken a number of steps to identify and address inequities in our homeless system. For the past year, the CoC has participated in the Racial Equity Working Group of the MA CoC Association, which includes all of the CoCs in the Commonwealth. This group has explored strategies for addressing inequity in our respective CoCs by analyzing Stella data, our own racial equity assessments, and sharing approaches that worked and those that had no impact.

The CoC has resumed its Racial Equity Committee to identify ways to improve equity in our leadership, membership, committee engagement, approach to homelessness, and inclusion of PWLE, particularly BIPOC persons. During the monthly planning meeting with the full membership, we specifically invite our BIPOC partners and consumers to participate in this committee. This committee will develop strategies to be implemented by the CoC as a whole, and by our individual agencies, as well as policies and procedures for ensuring equity is a consideration in ranking, monitoring, and project development.

Just last week, we learned that we have been chosen to participate in HUD's CE Equity Initiative. Our team consists of a consumer from our YAB, our CA, CE, and HMIS Leads, and we have reached out to the full membership to identify a consumer or PWLE over 25 to provide that perspective as well.

We anticipate that these efforts will enable the CoC to develop a more racially equitable approach to addressing homelessness in our CoC, and that these lessons will also help us develop strategies to increase equity for other groups including LGBTQ+, YYA, and elders.

1C-16.	Persons with Lived Experience—Active CoC Participation.	
	NOFO Section VII.B.1.p.	

Enter in the chart below the number of people with lived experience who currently participate in your CoC under the five categories listed:

	Level of Active Participation	Number of People with Lived Experience Within the Last 7 Years or Current Program Participant	Number of People with Lived Experience Coming from Unsheltered Situations
1.	Included and provide input that is incorporated in the local planning process.	4	2
2.	Review and recommend revisions to local policies addressing homelessness related to coordinated entry, services, and housing.	2	2
3.	Participate on CoC committees, subcommittees, or workgroups.	3	2
4.	Included in the decisionmaking processes related to addressing homelessness.	3	3
5.	Included in the development or revision of your CoC's local competition rating factors.	1	0

1C-17.	Promoting Volunteerism and Community Service.	
	NOFO Section VII.B.1.r.	

Select yes or no in the chart below to indicate steps your CoC has taken to promote and support community engagement among people experiencing homelessness in the CoC's geographic area:

1.	The CoC trains provider organization staff on connecting program participants and people experiencing homelessness with education and job training opportunities.	No
2.	The CoC trains provider organization staff on facilitating informal employment opportunities for program participants and people experiencing homelessness (e.g., babysitting, housekeeping, food delivery, data entry).	No
3.	The CoC works with organizations to create volunteer opportunities for program participants.	Yes
4.	The CoC works with community organizations to create opportunities for civic participation for people experiencing homelessness (e.g., townhall forums, meeting with public officials).	Yes
5.	Provider organizations within the CoC have incentives for employment and/or volunteerism.	Yes
6.	Other:(limit 500 characters)	

## 1D. Addressing COVID-19 in the CoC's Geographic Area

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

1D-1.	Safety Protocols Implemented to Address Immediate Needs of People Experiencing Unsheltered, Congregate Emergency Shelter, Transitional Housing Homelessness.	
	NOFO Section VII.B.1.q.	
	Describe in the field below protocols your CoC implemented during the COVID-19 pandemic to address immediate safety needs for individuals and families living in:	
1.	unsheltered situations;	
2.	congregate emergency shelters; and	
3.	transitional housing.	

**(limit 2,000 characters)**

Many of the safety protocols developed served all three housing situations referenced in this question for individuals and families. In coordination with the Massachusetts Department of Public Health and the Massachusetts Emergency Management Agency, we created several new locations throughout the CoC geography to provide shelter for all three populations that utilized CDC safety and distancing guidance. These included non congregate settings such as college dorms and large congregate spaces like gymnasiums where people could maintain social distance. All pre-existing congregate shelters and transitional housing were reduced in census so that sleeping arrangements were at least 6 feet apart with the extra capacity being moved to the new depopulation sites. The added financial capacity for shelter by FEMA expanded shelter capacity to include hundreds more beds than existed pre-pandemic, with the specific purpose of moving people from encampments into non-congregate sites to mitigate the community spread of the virus.

Other interventions to promote safety included onsite shelter vaccine clinics; free testing at shelters for staff and guests; additional funding for preexisting emergency shelters to ensure they could remain open 24/7, providing a safe, socially distant space for their clients; and provide a safe place for their clients to stay and remain socially distant; increased funding to support "combat pay" for staff to minimize the loss of staffing; the creation of separate settings to provide 300 (at its peak) isolation and recovery beds for COVID positive persons without homes that included symptom monitoring, wrap around intensive services including behavioral health supports, and housing search. This prevented the mingling of COVID positive persons while maintaining a focus on ending homelessness.

1D-2.	Improving Readiness for Future Public Health Emergencies.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC improved readiness for future public health emergencies.

**(limit 2,000 characters)**

The CoC has adapted its processes and policies over the course of the last two years to accommodate a wide range of contactless transactions including coordinated entry enrollment, project enrollments, housing unit inspections, housing placements, mainstream benefits screening and applications, committee meetings, and project monitoring. Moving forward, the CoC will maintain many of these processes and policies, while using a hybrid approach for others such as using a combination of virtual and in-person engagement.

The CoC also embedded a leader of the continuum into the Massachusetts Emergency Management Agency's Mass-Care Emergency response team. This team was responsible for developing protocols and processes for mitigating the worst of the pandemic in public settings. While no longer embedded, that same leader has been incorporated into the permanent Mass Care team and will be reactivated during natural disasters or future public health emergencies such as a pandemic.

Finally, the CoC facilitated extensive coordination between local and state public health agencies and homeless service providers which will be maintained and nurtured moving forward. Substantial progress was made in re-contextualizing homelessness to provide an awareness of it as a public health issue, not simply a social one. This work is ongoing, but has created a new understanding in the public health realm and an opportunity for ongoing discussion and strategy development around health and homelessness should a future public health emergency occur.

1D-3.	CoC Coordination to Distribute ESG Cares Act (ESG-CV) Funds.	
	NOFO Section VII.B.1.q	

Describe in the field below how your CoC coordinated with ESG-CV recipients to distribute funds to address:

1.	safety measures;
2.	housing assistance;
3.	eviction prevention;
4.	healthcare supplies; and
5.	sanitary supplies.

**(limit 2,000 characters)**

DHCD is both the collaborative applicant for the CoC and the recipient of ESG for non-entitlement communities. DHCD worked with the entire geography to determine specific needs that could be met with ESG-CV funding, primarily depopulation of congregate shelters, the creation of non-congregate shelter settings and housing programs. DHCD coordinated carefully with ESG

recipients to ensure sufficient resources were available to prevent, prepare for and respond to COVID-19. All while avoiding duplication of services.

In addition to developing alternative sites:

1), 4), and 5) We collaborated with the Department of Public Health to develop congregate setting social distancing and other safety measure protocols to mitigate the spread of COVID-19. We coordinated with the Massachusetts Emergency Management Agency (MEMA) in the distribution of masks, gloves, hand sanitizer, screens for sleeping areas, sanitary supplies, to congregate settings. The CoC supervisor was temporarily reassigned to MEMA and embedded in the COVID 19 MASSCares team to ensure that the needs of persons in shelters and other congregate settings were being met, and that appropriate culturally sensitive protocols were being developed and implemented.

2) and 3) The Commonwealth developed an eviction moratorium to prevent homelessness during the pandemic. Massachusetts is ranked fourth in the nation on emergency rental assistance spending and has been hailed by the Treasury for best practices. With over 40,000 evictions prevented at time of writing, Massachusetts has committed approximately 61 percent of American Rescue Plan Act emergency rental assistance funds. This will make the Commonwealth one of a handful of states to meet the first benchmark Congress laid out to spend 65 percent of the first allotment of federal funding by September 30. In addition to ESG-CV and other federal resources, DHCD also aligned additional state resources to ensure rental arrears would not result in evictions.

1D-4.	CoC Coordination with Mainstream Health.	
	NOFO Section VII.B.1.q.	
Describe in the field below how your CoC coordinated with mainstream health (e.g., local and state health agencies, hospitals) during the COVID-19 pandemic to:		
1.	decrease the spread of COVID-19; and	
2.	ensure safety measures were implemented (e.g., social distancing, hand washing/sanitizing, masks).	

**(limit 2,000 characters)**

1) The pandemic created space for collaboration between the CoC and mainstream health providers that has never existed before. CoC members and providers, as well as CoC staff from DHCD were all able to join in community meetings in most of our larger cities and towns. Those meetings mostly focused on decreasing the spread of COVID-19 and frequently led to actual results and improvements. Two specific examples which address questions 1 and 2 include:

- Monthly meetings with the medical community (hospital and clinics) and homeless services providers in the greater Lawrence area resulted in the creation and operation of a non-congregate shelter to allow for depopulation of congregate sites and bringing people in from encampments, as well as concerted testing efforts and vaccination clinics in shelters and housing programs.
- Several coordination meetings with Lahey Medical as well as local service providers and leaders from the cities of Salem, Beverly and Danvers (as well as the public health officials from each of those cities) to organize an increase in

offsite shelter capacity to support depopulation efforts and ensure adequate testing resources and vaccine clinics were available in the shelters and housing programs.

In addition we collaborated with the Department of Public Health to develop congregate setting social distancing and other protocols to mitigate the spread of COVID-19, provided guidance to CoC programs as well as shelters about those protocols, and collaborated with the Department of Public Health in reviewing the protocol implementation at various sites – especially if the site had a person test positive.

1D-5.	Communicating Information to Homeless Service Providers.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC communicated information to homeless service providers during the COVID-19 pandemic on:

1.	safety measures;
2.	changing local restrictions; and
3.	vaccine implementation.

**(limit 2,000 characters)**

It took a few months for the CoC to develop consistent ways to communicate effectively across the entire geography during the pandemic. Many providers did not have the technology needed to participate fully in virtual meetings initially so much of the communication was done via a monthly newsletter until that need was addressed.

The newsletter included updates in the work of the CoC, but also changes in best practices to mitigate the spread of COVID-19. While effective at distributing information, this process did not work as a style of communication because it was exclusively one way.

Over time the continuum was able to implement it's entire meeting structure virtually, including committee meetings and the monthly CoC wide meeting. In addition, DHCD implemented a bi-weekly on-line meeting of the provider community to share information, field questions and hear concerns. Those meetings include presentation from Public Health officials about testing protocols, vaccinations, social distancing protocols, and isolation and recovery sites for anyone testing positive.

1D-6.	Identifying Eligible Persons Experiencing Homelessness for COVID-19 Vaccination.	
	NOFO Section VII.B.1.q.	

Describe in the field below how your CoC identified eligible individuals and families experiencing homelessness for COVID-19 vaccination based on local protocol.

**(limit 2,000 characters)**

DHCD, as the primary funder of emergency shelter and outreach efforts in the Commonwealth, engaged in a concerted effort statewide, beyond just the



geographic area of the Balance of State.

On January 18, 2021 families and individuals experiencing homelessness as well as homeless service provider staff became eligible for vaccination prioritization in Massachusetts.

In the weeks prior to January 18th, DHCD worked closely with the Department of Public Health (DPH) to ensure that each homeless provider agency in MA was connected with a local vaccination partner to begin distributing vaccines the day they became available. The vaccination distribution protocol was tailored to the needs of the specific homeless provider agency based on size, region and operational structure of the shelter / outreach team.

The vaccination partners were able to arrange for on-site vaccination clinics, scheduling multiple days and times to accommodate staff schedules and the more transient persons whose shelter stays were more intermittent.

DHCD also coordinated with Healthcare for the Homeless to coordinate a series of virtual information sessions promoting vaccine awareness. DHCD also continues to work the DPH to provide outreach, education, and continued access to vaccines as new persons become known to homeless service providers. Part of this work includes continued outreach to persons who may be experiencing hesitancy in receiving the vaccine.

1D-7.	Addressing Possible Increases in Domestic Violence.	
	NOFO Section VII.B.1.e.	

Describe in the field below how your CoC addressed possible increases in domestic violence calls for assistance due to requirements to stay at home, increased unemployment, etc. during the COVID-19 pandemic.

**(limit 2,000 characters)**

DHCD, the collaborative applicant for the CoC and also the recipient of ESG for non-entitlement communities, collaborated with the Department of Public Health (DPH) who is the primary funder of shelter for persons fleeing domestic violence in the Commonwealth. As part of that collaboration, a portion of the ESG-CV funds were used to create additional non-congregate settings for persons fleeing domestic violence – both to depopulate some of the congregate settings, AND to increase overall capacity in the DV shelter system. At it's peak, this effort resulted in an increase of 66 beds dedicated for persons fleeing domestic violence within the Balance of State's geography.

The DV service providers within the CoC geography immediately increased their outreach efforts to partner organizations and state agencies to increase awareness of the potential escalation of domestic violence. Weekly training at Alternative House emphasized safety protocols, and the state hotline received additional funding to increase the availability of trained staff to answer calls. While the pandemic made housing, an already limited resource, more difficult to acquire, DV service providers increased their efforts to partner with landlords and identify new units.

1D-8.	Adjusting Centralized or Coordinated Entry System.	
	NOFO Section VII.B.1.n.	

Describe in the field below how your CoC adjusted its coordinated entry system to account for rapid changes related to the onset and continuation of the COVID-19 pandemic.

**(limit 2,000 characters)**

Below are some of the adjustments the CoC made to its CES to accommodate the challenges the COVID-19 pandemic brought.

- Electronic signatures on releases of information were accepted instead of the normal wet signatures.

- Virtual housing interviews were adopted.

- More time was given to clients, case managers and housing navigators to gather necessary documentation.

- Prioritization was given to clients with underlying health conditions as defined by the CDC.

Many of these changes are being maintained as we grapple with COVID variants, and find that some approaches, like virtual interviews, actually have benefit beyond avoiding virus transmission.

## 1E. Project Capacity, Review, and Ranking–Local Competition

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

1E-1.	Announcement of 30-Day Local Competition Deadline—Advance Public Notice of How Your CoC Would Review, Rank, and Select Projects. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.a. and 2.g.	

1.	Enter the date your CoC published the 30-day submission deadline for project applications for your CoC's local competition.	08/24/2021
2.	Enter the date your CoC publicly posted its local scoring and rating criteria, including point values, in advance of the local review and ranking process.	09/01/2021

1E-2.	Project Review and Ranking Process Your CoC Used in Its Local Competition. You Must Upload an Attachment to the 4B. Attachments Screen. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criteria listed below.	
	NOFO Section VII.B.2.a., 2.b., 2.c., and 2.d.	

Select yes or no in the chart below to indicate how your CoC ranked and selected project applications during your local competition:

1.	Established total points available for each project application type.	Yes
2.	At least 33 percent of the total points were based on objective criteria for the project application (e.g., cost effectiveness, timely draws, utilization rate, match, leverage), performance data, type of population served (e.g., DV, youth, Veterans, chronic homelessness), or type of housing proposed (e.g., PSH, RRH).	Yes
3.	At least 20 percent of the total points were based on system performance criteria for the project application (e.g., exits to permanent housing destinations, retention of permanent housing, length of time homeless, returns to homelessness).	Yes
4.	Used data from a comparable database to score projects submitted by victim service providers.	No
5.	Used objective criteria to evaluate how projects submitted by victim service providers improved safety for the population they serve.	Yes
6.	Used a specific method for evaluating projects based on the CoC's analysis of rapid returns to permanent housing.	Yes

1E-2a.	Project Review and Ranking Process—Addressing Severity of Needs and Vulnerabilities.	
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## NOFO Section VII.B.2.d.

Describe in the field below how your CoC reviewed, scored, and selected projects based on:

1.	the specific severity of needs and vulnerabilities your CoC considered when ranking and selecting projects; and
2.	considerations your CoC gave to projects that provide housing and services to the hardest to serve populations that could result in lower performance levels but are projects your CoC needs in its geographic area.

**(limit 2,000 characters)**

1. The Continuum considered the following vulnerabilities experienced by program participants in its ranking and selection process: Domestic Violence Victims, Unaccompanied Youth and Young Adults
2. The CoC uses an objective scoring tool (attached to this application) as part of the ranking and review process. Projects which specifically serve the above listed vulnerable populations are given additional points. Additionally, rather than weigh every possible vulnerability that a project is designed to serve, the Continuum chose a third way to reward projects that serve more vulnerable households. Since all enrollments in projects now come from the coordinated entry system, any project where the average vulnerability score of any new project participants in the last year was greater than the average score of new project participants in ALL projects, received additional points, improving their ranking and counteracting the potential for poorer outcomes resulting from serving more vulnerable people.

## 1E-3. Promoting Racial Equity in the Local Review and Ranking Process.

## NOFO Section VII.B.2.e.

Describe in the field below how your CoC:

1.	obtained input and included persons of different races, particularly those over-represented in the local homelessness population, when determining the rating factors used to review project applications;
2.	included persons of different races, particularly those over-represented in the local homelessness population, in the review, selection, and ranking process;
3.	rated and ranked projects based on the degree to which their program participants mirror the homeless population demographics (e.g., considers how a project promotes racial equity where individuals and families of different races are over-represented).

**(limit 2,000 characters)**

- 1) and 2) The ranking teams, Project Evaluation Committee, and Advisory Board each had a role in the review and ranking process, including the development and use of rating factors, reviewing projects, and proposing ranking positions, and each has BIPOC persons, and come from organizations that serve those members of the homeless population who are over-represented.
- 3) The ranking process distinctly evaluates projects based upon their performance in addressing homelessness which is inherently a system that has proven to over-represent persons of color. This means the ranking process provides an evaluation of the provision of services and housing to existing individuals and families and their outcomes. Among the tasks of the Racial Equity Committee, and the team participating in the CE Equity Initiative is ensuring that the ranking process not only mirrors the homeless population demographics, but works to equalize the outcomes.

1E-4.	Reallocation—Reviewing Performance of Existing Projects. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Describe in the field below:

1.	your CoC's reallocation process, including how your CoC determined which projects are candidates for reallocation because they are low performing or less needed;
2.	whether your CoC identified any projects through this process during your local competition this year;
3.	whether your CoC reallocated any low performing or less needed projects during its local competition this year;
4.	why your CoC did not reallocate low performing or less needed projects during its local competition this year, if applicable; and
5.	how your CoC communicated the reallocation process to project applicants.

(limit 2,000 characters)

1) Projects may be reallocated for Chronic Underperformance, unresolvable regulatory non-compliance, determination that the project no longer meets the needs of the CoC, or chronic underutilization of CoC provided resources. All reasons for complete, or for partial reallocation are objective, measurable and included in the public process which establishes a concrete and objective decision tree that determines if reallocation is needed. While no projects were found to be less needed, we engaged in a careful desk monitoring of all projects, taking into consideration the impact of the pandemic on performance outcomes was undertaken.

2) The CoC did not identify any projects in the local competition using this process that require reallocation. The CoC did have four projects that chose to reallocate entirely, or partially. One, the HMIS grant, was the result of the merger between the BoS and MA-510. Another project that was part of the merger, identified other funding sources. Two projects were impacted so significantly by the pandemic, they needed to redesign their approach, and reallocated partially to accommodate that change.

3) The CoC did not identify any low-performing or unneeded projects in the local competition this year.

4) N/A

5) All reallocations were included in the ranking decision distributed to the CoC, and were discussed in the monthly meetings on October 6, 2021, and November 3, 2021.

1E-4a.	Reallocation Between FY 2016 and FY 2021. We use the response to this question as a factor when determining your CoC's eligibility for bonus funds and for other NOFO criterion below.	
	NOFO Section VII.B.2.f.	

Did your CoC cumulatively reallocate at least 20 percent of its ARD between FY 2016 and FY 2021?	No
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1E-5.	Projects Rejected/Reduced—Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen if You Select Yes.	
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NOFO Section VII.B.2.g.
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1.	Did your CoC reject or reduce any project application(s)?	Yes
2.	If you selected yes, enter the date your CoC notified applicants that their project applications were being rejected or reduced, in writing, outside of e-snaps.	10/30/2021

1E-5a.	Projects Accepted–Public Posting. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC notified project applicants that their project applications were accepted and ranked on the New and Renewal Priority Listings in writing, outside of e-snaps.	10/30/2021
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1E-6.	Web Posting of CoC-Approved Consolidated Application. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.2.g.	

Enter the date your CoC's Consolidated Application was posted on the CoC's website or affiliate's website—which included: 1. the CoC Application; 2. Priority Listings; and 3. all projects accepted, ranked where required, or rejected.	11/10/2021
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## 2A. Homeless Management Information System (HMIS) Implementation

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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- 24 CFR part 578

2A-1.	HMIS Vendor.	
	Not Scored—For Information Only	

Enter the name of the HMIS Vendor your CoC is currently using.	The Partnership Center, Ltd.
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2A-2.	HMIS Implementation Coverage Area.	
	Not Scored—For Information Only	

Select from dropdown menu your CoC's HMIS coverage area.	Single CoC
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2A-3.	HIC Data Submission in HDX.	
	NOFO Section VII.B.3.a.	

Enter the date your CoC submitted its 2021 HIC data into HDX.	05/14/2021
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2A-4.	HMIS Implementation—Comparable Database for DV.	
	NOFO Section VII.B.3.b.	

Describe in the field below actions your CoC and HMIS Lead have taken to ensure DV housing and service providers in your CoC:

1.	have a comparable database that collects the same data elements required in the HUD-published 2020 HMIS Data Standards; and
2.	submit de-identified aggregated system performance measures data for each project in the comparable database to your CoC and HMIS lead.

(limit 2,000 characters)

Since 2018 the MA-516 HMIS Lead has proactively ensured all CoC-funded projects utilize an HMIS Comparable Database System (CDS), and in 2019 began actively doing so for ESG and ESG-CV projects either funded within the CoCs geography or funded by DHCD (the COC Collaborative Applicant as well as the recipient of ESG non-entitlement funds for the Commonwealth). As a result of this initial work, the HMIS Lead, with guidance from HUD TA, authored HMIS Comparable Database Participation, which outlines requirements for the CoC. To ensure that all affected VSPs and vendors are treated consistently and fairly the HMIS Lead created and implemented a comprehensive, standardized process by which databases can be reviewed and certified as an HMIS CDS by the HMIS Lead, with recertification taking place annually. In spring 2021 the CoC and HMIS Lead collaborated with HUD and national TA regarding the implementation of the requirement that HUD-funded VSPs utilize an HMIS CDS; this has put the CoC at the forefront of this issue locally and nationally, with other CoCs and VSPs seeking advice from us. During summer 2021 the HMIS Lead provided a presentation for all DHCD-funded VSPs regarding CDS requirements and the CoC's process for certification, and organized vendor demonstrations of CoC-certified HMIS CDS' for VSPs to attend. All MA-516 HUD-funded VSPs have either already fully implemented a CDS certified as such by the HMIS Lead or have contracts to license certified products with implementation slated to be complete by the end of 2021. The cost of CDS' has long been recognized as a barrier for VSPs; as such the CoC has worked with VSPs to move funding to the HMIS BLI, reminds VSPs applying for new funding to include HMIS in the requested budget, and finally, the CoC has included \$60,000 in the HMIS BLI in the DV Bonus application for the proposed project New Dawn. All funded VSPs in the CoC have submitted or have agreed to submit aggregate SPMs produced from their CDS annually.

2A-5.	Bed Coverage Rate—Using HIC, HMIS Data—CoC Merger Bonus Points.	
	NOFO Section VII.B.3.c. and VII.B.7.	

Enter 2021 HIC and HMIS data in the chart below by project type:

Project Type	Total Beds 2021 HIC	Total Beds in HIC Dedicated for DV	Total Beds in HMIS	HMIS Bed Coverage Rate
1. Emergency Shelter (ES) beds	2,828	236	2,560	98.77%
2. Safe Haven (SH) beds	0	0	0	
3. Transitional Housing (TH) beds	319	121	146	73.74%
4. Rapid Re-Housing (RRH) beds	367	14	353	100.00%
5. Permanent Supportive Housing	2,336	30	1,336	57.94%
6. Other Permanent Housing (OPH)	491	6	447	92.16%

2A-5a.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Any Project Type in Question 2A-5.	
	NOFO Section VII.B.3.c.	

For each project type with a bed coverage rate that is at or below 84.99 percent in question 2A-5, describe:



1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent for that project type; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

The CoC has made great strides in increasing the HMIS bed coverage since the 2019 CoC application; ES coverage is up over 10 percentage points, TH is up a whopping 57 percentage points, RRH is up to 100% coverage from only 4.1%, and OPH has increased by over 70 percentage points. We have worked hard to engage with providers that we not participating with great success, so while TH and PSH remain below the threshold, we do want to draw attention to our accomplishments as well as outline our plan for further gains.

Transitional Housing is currently at 73.7% bed coverage. The 52 non-participating beds are all from one project run by a provider that has historically been strongly opposed to HMIS participating due to client privacy concerns. In early 2021 the HMIS Lead had a productive conversation with leadership at Lazarus House, and they indicated that they are now at least willing to consider HMIS participation. The HMIS Lead will continue to reach out to LH regarding HMIS participation, and the CoC will engage with LH about CoC participation in general.

Permanent Supportive Housing is the other project type that is below the threshold at 58%, however we are certain that number will be over 90% HMIS participation by the 2022 Point in Time count. Of the 970 beds currently counted as non-participating, 843 of those are VASH beds. The VA sent the CoC VASH data from HOMES through 2/4/2021 and has agreed to continue doing so; at the time technological issues prevented the CoC from incorporating that data into HMIS. Since Oct 1, 2021 we have migrated to a new HMIS and will resume working with the VA to participate in HMIS shortly.

2A-5b.	Bed Coverage Rate in Comparable Databases.	
	NOFO Section VII.B.3.c.	

Enter the percentage of beds covered in comparable databases in your CoC's geographic area.	88.00%
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2A-5b.1.	Partial Credit for Bed Coverage Rates at or Below 84.99 for Question 2A-5b.	
	NOFO Section VII.B.3.c.	

If the bed coverage rate entered in question 2A-5b. is 84.99 percent or less, describe in the field below:

1.	steps your CoC will take over the next 12 months to increase the bed coverage rate to at least 85 percent; and
2.	how your CoC will implement the steps described to increase bed coverage to at least 85 percent.

**(limit 2,000 characters)**

N/A

2A-6.	Longitudinal System Analysis (LSA) Submission in HDX 2.0.	
	NOFO Section VII.B.3.d.	

Did your CoC submit LSA data to HUD in HDX 2.0 by January 15, 2021, 8 p.m. EST?	Yes
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## 2B. Continuum of Care (CoC) Point-in-Time (PIT) Count

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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2B-1.	Sheltered and Unsheltered PIT Count—Commitment for Calendar Year 2022	
	NOFO Section VII.B.4.b.	

Does your CoC commit to conducting a sheltered and unsheltered PIT count in Calendar Year 2022?	Yes
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2B-2.	Unsheltered Youth PIT Count—Commitment for Calendar Year 2022.	
	NOFO Section VII.B.4.b.	

Does your CoC commit to implementing an unsheltered youth PIT count in Calendar Year 2022 that includes consultation and participation from youth serving organizations and youth with lived experience?	Yes
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## 2C. System Performance

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

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2C-1.	Reduction in the Number of First Time Homeless—Risk Factors.	
	NOFO Section VII.B.5.b.	

Describe in the field below:

1.	how your CoC determined which risk factors your CoC uses to identify persons becoming homeless for the first time;
2.	how your CoC addresses individuals and families at risk of becoming homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time or to end homelessness for individuals and families.

(limit 2,000 characters)

1) and 2) DHCD oversees prevention efforts within the CoC as well as many statewide efforts including TPP in the courts. DHCD works with other systems of care, including Veterans and Elders services and our statewide family shelter (EA), to analyze data identifying the factors that lead households to homelessness. This information is used to target and identify eligibility for statewide prevention services including RAFT, HCEC, and HomeBASE diversion. Diversion and prevention services in the CoC include assessment, housing search, mediation, financial assistance, support services, and discharge planning. The CoC's prevention providers actively participate in the CoC's planning group and advisory board. ESG RRH and prevention, are being incorporated into CE.

3) The Department of Housing and Community Development is responsible for overseeing the CoC's strategy to reduce the number of individuals and families experiencing homelessness for the first time.

2C-2.	Length of Time Homeless—Strategy to Reduce.	
	NOFO Section VII.B.5.c.	

Describe in the field below:

1.	your CoC's strategy to reduce the length of time individuals and persons in families remain homeless;
2.	how your CoC identifies and houses individuals and persons in families with the longest lengths of time homeless; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the length of time individuals and families remain homeless.

**(limit 2,000 characters)**

1) and 2) The Collaborative Applicant, DHCD, is the sole funder of emergency shelter (ES) for families and the primary funder of ES for individuals in the state. DHCD is engaged in significant systems change in the way it provides ES.

DHCD is currently re-procuring the entire family shelter system and in doing so, is reframing the system from one that frequently pathologizes families and fosters their floundering in ES to a system that focuses on housing first. It is our hope that these changes will begin to reduce the length of time households with children remain homeless from its current average of 313 days.

DHCD is developing a similar procurement for the ES system that serves households without children. To that end, it has folded the oversight of the ES system for individuals into the same unit that manages the Balance of State CoC. The intention here too, is to reframe the work in ES toward housing first.

DHCD and the CoC have developed substantial RRH resources, both HUD and state funded that helps to reduce the length of time homeless. This includes new flexible state RRH resources and a realignment of ESG RRH resources that are awarded directly to ES that can be used to resolve a wide array of barriers to households ending their homelessness.

DHCD, in collaboration with the Boston Housing Authority, has created the Leading the Way Home project which is issuing state permanent housing vouchers to Boston households with children who have been in the ES system the longest. Some Boston family households are sheltered in Balance of State Communities.

Separately, the CoC has developed a partnership with non CoC funded housing that, accepts only eligible persons from the Coordinated Entry registry who have been homeless the longest. While this is not the manner in which our CE system typically operates, it addresses the length of time homeless for some persons.

3) The CoC Coordinated Entry Specialist at DHCD is responsible for overseeing these strategies.

2C-3.	Exits to Permanent Housing Destinations/Retention of Permanent Housing.	
	NOFO Section VII.B.5.d.	
	Describe in the field below how your CoC will increase the rate that individuals and persons in families residing in:	
1.	emergency shelter, safe havens, transitional housing, and rapid rehousing exit to permanent housing destinations; and	
2.	permanent housing projects retain their permanent housing or exit to permanent housing destinations.	

**(limit 2,000 characters)**

1) DHCD, as the collaborative applicant, and the Federal Grants Unit within it have developed and are responsible for overseeing strategies to increase the rate at which households in shelter, safe havens, and transitional housing exit to permanent housing. Primarily, we have added significant RRH resources to our portfolio through State funded resources and the addition of a new CoC funded

project during the last NOFA cycle. We have requested funding in this cycle for two additional RRH projects (one specifically for persons experiencing domestic violence) that we think will further expedite households' moves from homelessness into housing. In addition, we are providing training and support of programmatic staff across the CoC, as well as being focused on data quality.

2) DHCD, as the collaborative applicant, and the Federal Grants Unit within it, have developed and are responsible for overseeing strategies to increase the rate at which households retain their permanent housing. We have focused on realigning the ESG resources available to us to be able to provide prevention resources when necessary. We have also conducted trainings for programmatic staff in trauma informed-care and motivational interviewing.

2C-4.	Returns to Homelessness–CoC's Strategy to Reduce Rate.	
	NOFO Section VII.B.5.e.	

Describe in the field below:

1.	how your CoC identifies individuals and families who return to homelessness;
2.	your CoC's strategy to reduce the rate of additional returns to homelessness; and
3.	provide the name of the organization or position title that is responsible for overseeing your CoC's strategy to reduce the rate individuals and persons in families return to homelessness.

(limit 2,000 characters)

1) The CoC is engaged in an initial analysis of households that have returned to homelessness. By reviewing HMIS and Coordinated Entry system data, on households whose initial placement from housing was unsuccessful, as well as an analysis on the efficacy of the CoC funded projects within the continuum, we hope to better understand any underlying similarities or structural issues that might offer predicative capacity, or suggest better strategies with specific households with similar underlying issues.

2) We have focused on realigning the ESG resources available to us to be able to provide prevention resources when necessary. We have also conducted trainings for programmatic staff in trauma informed care, motivational interviewing. Finally, we have organized our Coordinated Entry processes to a) make better matches for placement the first time and b) be able to accommodate moves from one project or site to another when a move will prevent a return to homelessness.

3) DHCD, as the collaborative applicant, and the Federal Grants Unit within it, have developed and are responsible for overseeing strategies to increase the rate at which households retain their permanent housing.

2C-5.	Increasing Employment Cash Income-Strategy.	
	NOFO Section VII.B.5.f.	

Describe in the field below:

1.	your CoC's strategy to increase employment income;
2.	how your CoC works with mainstream employment organizations to help individuals and families increase their cash income; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase income from employment.

**(limit 2,000 characters)**

1) All CoC programs assess each project participant for any income, including employment income they currently receive as the first step in each household's service plan. While most project participants are substantially disabled and unable to work at the time of project enrollment, some stabilize over time and are able to take on work. Each project's case management staff work with all participants to regularly review their ability to work and to overcome their anxiety about a potential loss of benefits if they return to work.

2) DHCD's two contract management staff carry direct responsibility for overseeing the CoC's strategy to increase income from employment and can provide TA during monitoring for projects that are underperforming in this measure.

3) DHCD's Federal Grant's Manager is responsible for oversight of these responsibilities.

It should be noted that despite the efforts described above, the continuum's ongoing processes to ensure the most vulnerable are prioritized for the CoC's projects works against our ability to obtain dramatic increases in employment income. Since the vast majority of our project participants are quite disabled, substantive work can be difficult.

2C-5a.	Increasing Employment Cash Income–Workforce Development–Education–Training.	
	NOFO Section VII.B.5.f.	

Describe in the field below how your CoC:

1.	promoted partnerships and access to employment opportunities with private employers and private employment organizations, such as holding job fairs, outreach to employers, and partnering with staffing agencies; and
2.	is working with public and private organizations to provide meaningful education and training, on-the-job training, internships, and employment opportunities for program participants.

**(limit 2,000 characters)**

1) The CoC has informal (though not contractual) relationships with a variety of mainstream employment readiness resources. The primary employment organizations for persons in our CoC programs are: Mass Rehab helping persons with disabilities access job training and support; One Stop Career Centers providing assessment, career information and job search; and Jewish Vocational Services providing skills development, job readiness training and, and job search.

2) The majority of CoC programs which serve the most vulnerable and disabled persons within the homeless population, struggle to increase cash income. Some, like Wayside Youth and Family Services, Action, Inc., and Bridgewell, have been able to identify opportunities through job sharing, and piece-work which does not require full-time commitment.

2C-5b.	Increasing Non-employment Cash Income.	
	NOFO Section VII.B.5.f.	

	Describe in the field below:
1.	your CoC's strategy to increase non-employment cash income;
2.	your CoC's strategy to increase access to non-employment cash sources; and
3.	provide the organization name or position title that is responsible for overseeing your CoC's strategy to increase non-employment cash income.

**(limit 2,000 characters)**

1) All CoC programs assess each project participant for the benefits they currently receive as the first step in each household's service plan. Potential new sources are identified, and case managers aid participants in accessing other income, including assisting with applications, scheduling, transportation to appointments, and collecting documentation. DHCD, who is responsible for overseeing these outcomes, provides access to SOAR trained persons to aid projects without one, and provide TA during monitoring for projects that are underperforming in this measure.

2) The CoC also works very closely with the SAMHSA funded Path teams who are both embedded in area shelters and conducting street outreach. PATH workers strive to connect the people they come into contact with both in shelters and in place not meant for human habitation to a variety of mainstream resources for which they may be eligible. Some of those resources are cash benefits including food stamps, unemployment and general welfare.

3) DHCD's Federal Grant's Manager is responsible for oversight of these responsibilities.



## 3A. Coordination with Housing and Healthcare Bonus Points

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3A-1.	New PH-PSH/PH-RRH Project—Leveraging Housing Resources.	
	NOFO Section VII.B.6.a.	

Is your CoC applying for a new PSH or RRH project(s) that uses housing subsidies or subsidized housing units which are not funded through the CoC or ESG Programs to help individuals and families experiencing homelessness?	Yes
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3A-1a.	New PH-PSH/PH-RRH Project—Leveraging Housing Commitment. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.a.	

Select yes or no in the chart below to indicate the organization(s) that provided the subsidies or subsidized housing units for the proposed new PH-PSH or PH-RRH project(s).

1.	Private organizations	Yes
2.	State or local government	Yes
3.	Public Housing Agencies, including use of a set aside or limited preference	Yes
4.	Faith-based organizations	No
5.	Federal programs other than the CoC or ESG Programs	Yes

3A-2.	New PSH/RRH Project—Leveraging Healthcare Resources.	
	NOFO Section VII.B.6.b.	

Is your CoC applying for a new PSH or RRH project that uses healthcare resources to help individuals and families experiencing homelessness?	Yes
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3A-2a.	Formal Written Agreements–Value of Commitment–Project Restrictions. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.B.6.b.	

1.	Did your CoC obtain a formal written agreement that includes: (a) the project name; (b) value of the commitment; and (c) specific dates that healthcare resources will be provided (e.g., 1-year, term of grant, etc.)?	Yes
2.	Is project eligibility for program participants in the new PH-PSH or PH-RRH project based on CoC Program fair housing requirements and not restricted by the health care service provider?	Yes

3A-3.	Leveraging Housing Resources–Leveraging Healthcare Resources–List of Projects.	
	NOFO Sections VII.B.6.a. and VII.B.6.b.	

If you selected yes to question 3A-1. or 3A-2., use the list feature icon to enter information on each project you intend for HUD to evaluate to determine if they meet the bonus points criteria.

Project Name	Project Type	Rank Number	Leverage Type
Permanent Housing...	RRH	59	Healthcare

### **3A-3. List of Projects.**

**1. What is the name of the new project?** Permanent Housing Supports

**2. Select the new project type:** RRH

**3. Enter the rank number of the project on  
your CoC's Priority Listing:** 59

**4. Select the type of leverage:** Healthcare

## 3B. New Projects With Rehabilitation/New Construction Costs

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
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- 24 CFR part 578

<b>3B-1.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	<b>NOFO Section VII.B.1.r.</b>	

Is your CoC requesting funding for any new project application requesting \$200,000 or more in funding for housing rehabilitation or new construction?	No
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<b>3B-2.</b>	<b>Rehabilitation/New Construction Costs—New Projects.</b>	
	<b>NOFO Section VII.B.1.s.</b>	

If you answered yes to question 3B-1, describe in the field below actions CoC Program-funded project applicants will take to comply with:

1.	Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u); and
2.	HUD's implementing rules at 24 CFR part 75 to provide employment and training opportunities for low- and very-low-income persons, as well as contracting and other economic opportunities for businesses that provide economic opportunities to low- and very-low-income persons.

**(limit 2,000 characters)**

### 3C. Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

3C-1.	Designating SSO/TH/Joint TH and PH-RRH Component Projects to Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes.	
	NOFO Section VII.C.	

Is your CoC requesting to designate one or more of its SSO, TH, or Joint TH and PH-RRH component projects to serve families with children or youth experiencing homelessness as defined by other Federal statutes?	No
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3C-2.	Serving Persons Experiencing Homelessness as Defined by Other Federal Statutes. You Must Upload an Attachment to the 4B. Attachments Screen.	
	NOFO Section VII.C.	

If you answered yes to question 3C-1, describe in the field below:

1.	how serving this population is of equal or greater priority, which means that it is equally or more cost effective in meeting the overall goals and objectives of the plan submitted under Section 427(b)(1)(B) of the Act, especially with respect to children and unaccompanied youth than serving the homeless as defined in paragraphs (1), (2), and (4) of the definition of homeless in 24 CFR 578.3; and
2.	how your CoC will meet requirements described in Section 427(b)(1)(F) of the Act.

(limit 2,000 characters)

## 4A. DV Bonus Application

To help you complete the CoC Application, HUD published resources at [https://www.hud.gov/program\\_offices/comm\\_planning/coc/competition](https://www.hud.gov/program_offices/comm_planning/coc/competition), including:

- Notice of Funding Opportunity (NOFO) for Fiscal Year (FY) 2021 Continuum of Care Program Competition
- FY 2021 CoC Application Detailed Instructions—essential in helping you maximize your CoC Application score by giving specific guidance on how to respond to many questions and providing specific information about attachments you must upload
- 24 CFR part 578

4A-1.	New DV Bonus Project Applications.	
	NOFO Section II.B.11.e.	

Did your CoC submit one or more new project applications for DV Bonus Funding?	Yes
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4A-1a.	DV Bonus Project Types.	
	NOFO Section II.B.11.	

Select yes or no in the chart below to indicate the type(s) of new DV Bonus project(s) your CoC included in its FY 2021 Priority Listing.

Project Type	
1. SSO Coordinated Entry	No
2. PH-RRH or Joint TH/RRH Component	Yes

**You must click “Save” after selecting Yes for element 1 SSO Coordinated Entry to view questions 4A-3 and 4A-3a.**

4A-2.	Number of Domestic Violence Survivors in Your CoC's Geographic Area.	
	NOFO Section II.B.11.	

1.	Enter the number of survivors that need housing or services:	907
2.	Enter the number of survivors your CoC is currently serving:	694
3.	Unmet Need:	213

4A-2a.	Calculating Local Need for New DV Projects.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how your CoC calculated the number of DV survivors needing housing or services in question 4A-2 element 1 and element 2; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects); or
3.	if your CoC is unable to meet the needs of all survivors please explain in your response all barriers to meeting those needs.

**(limit 2,000 characters)**

We ran a report from HMIS which included head of household DV survivors enrolled in ES, TH, and PH on the date of our PIT. To that, we added the number of units with a DV target population from our HIC. This gave us a total of 694 households; to then ascertain the number of unserved DV survivors we examined our Coordinated Entry Registry and found that 213 applicants were still active on the registry (e.g., they had not yet been referred by the CoC to housing) and had indicated a history of DV.

This significantly undercounted the need in our CoC as our CE system currently only places applicants in our non-DV CoC projects, and those who enter CoC-funded DV projects must do so via the state-wide SafeLink system. We are not privy to SafeLink statistics by region, but SafeLink reports that they receive approximately 234 unmet requests for housing assistance on a single day in Massachusetts. (<https://nnedv.org/wp-content/uploads/2021/05/15th-Annual-DV-Counts-Report-Massachusetts-Summary.pdf>) When extrapolating that number out to an entire year, the result is staggering. As MA-516 is the second largest of 12 CoCs in the state, that implies many thousands of households annually trying to flee DV in our CoC with an unmet need.

2) The data sources used to come to these figures included the CoC's HMIS (VESTA), the 2021 HIC, and the CoCs Coordinated Entry Registry. We kept the universe narrowed down to a one-day date range to keep with the spirit of the question ("currently served") and counted households rather than individual household members since household compositions and definitions can vary so widely.

3) The most significant barrier is lack of available and affordable housing. This is compounded by a need for intensive services. Using a TH-RRH model is providing some relief for DVS agencies in the CoC, but there is still a great deal of unmet need. The funding requested in the DV bonuses will have real impact on our ability to meet this need.

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects--Project Applicant Information.	
	NOFO Section II.B.11.	
	Use the list feature icon to enter information on each unique project applicant applying for New PH-RRH and Joint TH and PH-RRH Component DV Bonus projects--only enter project applicant information once, regardless of how many DV Bonus projects that applicant is applying for.	

#### Applicant Name

Department of Hou...

## Project Applicants Applying for New PH-RRH and Joint TH and PH-RRH DV Bonus Projects

4A-4.	New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects–Project Applicant Information–Rate of Housing Placement and Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Enter information in the chart below on the project applicant applying for one or more New PH-RRH and Joint TH and PH-RRH Component DV Bonus Projects included on your CoC's FY 2021 Priority Listing:

1.	Applicant Name	Department of Housing and Community Development
2.	Rate of Housing Placement of DV Survivors–Percentage	41.00%
3.	Rate of Housing Retention of DV Survivors–Percentage	94.00%

4A-4a.	Calculating the Rate of Housing Placement and the Rate of Housing Retention–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below:

1.	how the project applicant calculated the rate of housing placement and rate of housing retention reported in question 4A-4; and
2.	the data source (e.g. comparable database, other administrative data, external data source, HMIS for non-DV projects).

**(limit 1,000 characters)**

DHCD is the Collaborative Applicant and the project applicant for these resources, and as a state entity, will need to procure subrecipients should the DV Bonus project be funded. The answers in 4A are therefore a compilation of information from our existing DV providers.

1) and 2) These calculations are based upon the APRs submitted to Sage for existing DV projects, the CoC CE Registry, and a report from the Massachusetts Rehousing Data Collective, all of which were averaged to present a calculation that is reflective of the need across all agencies who will be responding to the subsequent RFP if this project is awarded.

4A-4b.	Providing Housing to DV Survivor–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project applicant:

1.	ensured DV survivors experiencing homelessness were assisted to quickly move into safe affordable housing;
2.	prioritized survivors—you must address the process the project applicant used, e.g., Coordinated Entry, prioritization list, CoC's emergency transfer plan, etc.;
3.	connected survivors to supportive services; and



- |    |   |
|----|---|
| 4. | moved clients from assisted housing to housing they could sustain—address housing stability after the housing subsidy ends. |
|----|---|

**(limit 2,000 characters)**

DHCD is the CA and the project applicant. As a state entity it will procure subrecipients if the DV Bonus project is funded. These answers are a compilation of responses from our DVS providers from whom we will choose a subrecipient.

1)The first step for our DV clients is prevention and diversion, the least disruptive and expensive choice. Using trauma-informed, motivational interviewing techniques, we find if the applicant can stay in his/her/their home, and if not where else might feel safe. We have other grants for prevention, such as the Affordable Housing Trust Fund and Emergency Food and Shelter Program and use those when possible. We also used ESG funding to hire a housing coordinator and have been able to retain that position with the use of DPH funding.

2)If a move is necessary, we reach out to the CoC CE to see if one of the 435 DV units across the CoC is available. If not, we consult with dedicated housing staff and partner agencies in communities where the applicant would feel safe, to quickly identify housing. If the applicant is already housed in a CoC project, we assist them in the emergency transfer process.

Recently, we took advantage of a new MRVP pilot program in Somerville through which 7 households were housed in 60 days. The Lowell PHA retains 6 MRVP vouchers exclusively for use by our DV clients. These approaches also address SPMs 1,2, and 3.

3) Clients have access to services tailored to their needs including safety planning, case management, obtaining mainstream benefits, mental and physical health, employment skills, education, and free legal assistance. Weekly and monthly support groups are available as is art therapy for children.

4) After moving through a TH-RRH program, case management staff stay in contact for an additional 6 months to a year, depending upon the agency and the level of contact the client wants, to provide monthly check-ins. Clients are encouraged to maintain a safety plan and assisted if they face challenges that could impact their housing stability.

4A-4c.	Ensuring DV Survivor Safety—Project Applicant Experience.
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NOFO Section II.B.11.
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Describe in the field below examples of how the project applicant ensured the safety of DV survivors experiencing homelessness by:
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- |    |  |
|----|--|
| 1. | training staff on safety planning;   |
| 2. | adjusting intake space to better ensure a private conversation;  |
| 3. | conducting separate interviews/intake with each member of a couple;  |
| 4. | working with survivors to have them identify what is safe for them as it relates to scattered site units and/or rental assistance; |
| 5. | maintaining bars on windows, fixing lights in the hallways, etc. for congregate living spaces operated by the applicant; and       |
| 6. | keeping the location confidential for dedicated units and/or congregate living spaces set-aside solely for use by survivors.       |

**(limit 5,000 characters)**

1) Staff who are trained DV Counselors are available 24/7. Their training is reinforced in weekly supervision, and ongoing training regarding safety planning

is provided daily and in every staff meeting covering issues such as risk assessments and lethality assessments and knowing what the indicators of these factors are. The Danger Assessment for example, helps determine the level of danger a domestic violence survivor has of being killed or nearly killed by their intimate partner or ex-partner. It is intended for use with survivors to educate them about their risk of lethality or near-lethal re-assault and to inform their decision-making.

Safety planning can take many forms. It may be a short conversation/brainstorm on the phone, or it may be an extensive written plan. If written, staff remind clients to take care not to create written information that can be found by an abuser and ensure that others keep details of the plan confidential and not part of written records.

Staff have good relationships with local police and fire departments. In Lowell and Newton for example, the relationship is such that staff can notify the departments that a location is vulnerable to DV so that if they get a call, they are prepared to handle it.

2) Interviewing clients takes place in the least invasive ways possible including virtually and in private spaces at the agency where the client is seeking assistance. If children need to be in a separate room, there is a provision for that. Only the case manager and client are in the space, and the level of written documentation is determined by the applicant. Depending upon the situation, the client may meet with the case manager more than once before accepting assistance. If one of the interviews needs to be virtual to give the survivor more comfort, that will be arranged.

3) Conducting individual (one-on-one) intakes is routine protocol as it creates the conditions that allow for safe disclosure of domestic or sexual violence. These interviews are carried out individually to ensure the greatest opportunity for the abused to seek assistance, or know that he/she/they can reach out in the future and know the situation will be handled in a safe and confidential manner, facilitating safety planning, and client choice. If, during this private interview, a participant signals that they would rather be housed separately from the person they came in with, the case manager helps identify the safest way to make this happen.

4) If safety concerns can be addressed sufficiently, survivors can be matched to housing services that support their transition to longer-term housing and lead to or become their permanent housing, depending upon their comfort level with these options. Facility-based or scattered-site transitional housing or TH-RRH programs can be a good fit for survivors whose healing process and trajectory to a self-sustaining income may benefit from a 12-24 month stay whereas RRH, short-term rental assistance and/or flexible financial assistance may provide a sufficient buffer to support survivors with minimal to moderate barriers.

5) Congregate housing all have well-lit parking lots and hallways, and cameras on the outside of residences. On-site staff are available until 10 in the evening, and call-in is available 24/7. Children are instructed in use of the call-in system as well to maximize client safety. Safety planning is also in play here as clients are reminded to be aware of spaces that aren't properly lit or have concealed areas so that they can avoid them, and if needed, alert the on-site staff that there is a risk. For example, one project recently had to make changes to its outdoor protocols due to construction in the residence next door which caused a large dumpster to block a camera and presented a hidden location.

6) Part of safety planning covers the need to keep housing locations confidential. Clients and children are guided in the use of social media, texting, and choosing who can have phone numbers and addresses. To further protect location confidentiality, clients in RRH are encouraged to take different routes

home, and literally look at their surroundings differently so that they are constantly aware, which also provides tools for future safety.

4A-4c.1.	Evaluating Ability to Ensure DV Survivor Safety–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below how the project evaluated its ability to ensure the safety of DV survivors the project served.

**(limit 2,000 characters)**

We have learned that the first step to ensuring the safety of our clients is providing safe and confidential access to programs. Evaluation of existing programs, and development of new ones begins here. Methods include virtual intake, creating physical spaces that promote privacy and confidentiality, using trauma-informed interviewing, and including those with lived experience in the development of updates to policies and procedures, thus building a victim-centered approach.

Safety planning, training, and education for staff and clients are the foundation for project protocols and evaluations. We recognize that different strategies work for each household and accommodate those differences while being mindful of the factors that will keep that household safe. Our clients are the authors of their own safety plans with the guidance of experienced DV Counselors who have been trained in a variety of alternatives. By empowering them in this way, it is more likely they succeed safely in the project. At the level appropriate and comfortable for the client, we incorporate children into the plan so that they, too remain safe, even when not with the parent.

Evaluating our ability to keep survivors safe is a daily practice. Staff receive in-house training weekly and attend more formalized trainings at least annually. We perform weekly check-ins with both survivors and staff around safety plans and risk assessments. Clients are constantly reminded of the safety plan they have designed and encouraged to modify it as needed if circumstances change such as a new job, school, or childcare. There is an after-hours on-call process for all clients including children.

All clients are offered 6-12 months of community-based follow up with their case managers to ensure they have the support structures in place to stably maintain housing. This provides another layer of client-based safety planning as they begin to move away from agency interactions.

4A-4d.	Trauma-Informed, Victim-Centered Approaches–Project Applicant Experience.	
	NOFO Section II.B.11.	

Describe in the field below examples of the project applicant's experience in using trauma-informed, victim-centered approaches to meet needs of DV survivors in each of the following areas:

1.	prioritizing program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establishing and maintaining an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;

3.	providing program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	emphasizing program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	centering on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	providing opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offering support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

1)DV projects in the BoS all practice a "Client Voice and Client Choice" model of program delivery. We recognize that clients know their needs best. Even when their choices don't necessarily make sense to staff, it is important to delve deeper to see why the client feels the way they do. This is certainly true in identifying housing and becoming stably housed. One client recently said she didn't want to be close to the T which didn't seem to make sense since it's near her work and housing. Further exploration revealed that her partner works for the MBTA and she didn't want to run into him without warning. We worked with her to identify better ways to use public transportation to minimize accidental encounters.

Some clients feel most comfortable in gender-specific housing or prefer apartment buildings over congregate settings. Each of these preferences is taken into consideration when staff work with a client to find suitable, affordable housing. If the preference cannot be found, taking the time to see if a compromise can be found that doesn't diminish the client's sense of safety and control. When housing services are provided through a DV-informed lens, survivors have a better chance at healing, addressing trauma impacts, and taking the reins of their lives.

2)Client voice and client choice are constant themes among our DV providers. We use Housing First to the greatest extent possible, and when necessary low-barrier housing, but never tie housing to punitive interventions. We treat our clients like adults, not children, respecting their choices and acknowledging that they should always have control over their own lives and their own decisions. Every staff member is trained to treat clients as equals. When educating them or providing information, staff approach it as an opportunity to share, not teach or lecture, presenting new ideas as an opportunity for dialogue and brainstorming.

3)Recognizing that the very act of connecting with a DV agency can re-traumatize survivors, staff are trained in identifying triggers for their clients, avoiding them, and helping clients identify why those triggers are impacting them. We utilize all-agency training in use of a trauma-informed approach. We approach clients by first building a rapport, not necessarily asking about their DV experience or why they have come to the agency. All questions and the dissemination of information is led by the client's comfort level. Some already know a lot about trauma, and others are surprised to discover how it has manifested in their behaviors like being over-controlling in other areas of their lives, being unwilling to engage with new people. When

4)Staff work with clients to address self-identified goals, beginning by emphasizing the choices they've made that demonstrate their resourcefulness and strengths. Clients develop safety plans that make sense to them, deciding how much to share with others about the challenges they are facing. For example, one client is a nurse's aide and was concerned that if she told her employer that she is a DV survivor, she could be putting her job at risk. We

worked with her to determine what the employer needed to know, and how to share that information. Another was concerned that her children may be in danger while she was at work, and we worked with her to develop a safety plan that included specific staff members at the school and a neighbor.

5) An important lesson has been that there is no "right" answer for any client. They each seek assistance bringing with them the experiences of a lifetime that may include generational abuse, an accepted culture of abuse in the community they grew up in, definitions of domestic violence and sexual assault that are tied directly to gender identity, marital status, and finances. The right answer is the one that makes them safe emotionally and physically. For example, a client who wants to continue attending church where his/her/their abuser also goes should not be discouraged from leaving that important support network. Instead, staff can help to create a safety plan, possibly involving trusted members of the church to assist. Again, it must be developed with the survivor's self-identified needs as well as safety in mind.

6) and 7) We have weekly and bi-weekly community meetings in all projects that focus on a variety of needs. Some are specifically focused every week on the same thing such as maintaining sobriety, financial and housing literacy, trauma and its effects, and parenting skills. Others are simply an opportunity to offer peer support to each other, spend social time with others who will not judge or ask questions you aren't ready to answer, or have some down time while your child(ren) are being cared for in the next room.

In addition to the community meetings, regular support groups are offered year-round focusing on emotional support, psychoeducation, stopping the cycle of abuse, and parenting children who have witnessed or experienced abuse.

4A-4e.	Meeting Service Needs of DV Survivors–Project Applicant Experience.	
	NOFO Section II.B.11.	
	Describe in the field below:	
1.	supportive services the project applicant provided to domestic violence survivors experiencing homelessness while quickly moving them into permanent housing and addressing their safety needs; and	
2.	provide examples of how the project applicant provided the supportive services to domestic violence survivors.	

**(limit 5,000 characters)**

1) We have robust DV-specific programming that includes supportive services as well as links to those not offered on-site. Our DVS providers partner with each other and with programs located in the CoC that are not designed specifically for survivors, but where clients self-identify and need assistance so that every client receives services concurrently with their search for housing. In the past year, Alternative House served 26 households in an intensified case management system which provides a Language Access Plan, Lethality and Risk Assessment services, and court accompaniment while working with them to identify RRH.

Each client who attains permanent housing is offered 6-12 months of community-based follow-up to assist them in maintaining their safety plans, addressing any needs that arise, and providing encouragement as clients continue to build a new life and strengthen their support networks.

Each client at The Second Step is assigned a Housing Case Manager who focuses on housing search and placement as soon as the client arrives. The case manager is also a Certified Domestic Violence Counselor so they are

aware of trauma and how DV can affect a survivor when looking to relocate again. Despite the challenges in identifying affordable housing, 11 households were placed in the past year in this program.

At the Second Step clients are assigned to advocates upon entry into the transitional housing program. With their advocates, clients are able to be referred to numerous local and regional resources ranging from mental health and childcare to housing authorities and legal services while working to identify RRH units. As clients' needs vary from person to person, advocates ensure that the services provided are aligned with the client's self-identified goals and challenges.

2) All clients have access to service planning and case management provided by Certified Domestic Violence Counselors as required by Massachusetts General Law

<https://malegislature.gov/Laws/GeneralLaws/PartIII/TitleII/Chapter233/Section20k>

All clients have access to Domestic Violence Support Groups as well as individual sessions with CDVCs to talk about future planning, how to stay safe, how to connect with local resources once they move, and how to navigate parenting when their child(ren) have experienced or witnessed abuse.

The Second Step, RESPOND, and Alternative House all provide childcare and children's activities to provide stability and a sense of consistency in a world that has felt turbulent. This also provides parents an opportunity to spend time with other adults who know what they've been through.

In addition, The Second Step provides services for children who have experience or witnessed abuse through the Children's Safety Project.

RESPOND has expanded its Law Enforcement Partnerships program by adding a Civilian Advocate specifically dedicated to supporting the most high-risk survivors and expanding our community education programming across the CoC geography.

Alternative House has relationships with local furniture banks and moving companies who offer services at no cost, and schedule deliveries with an awareness of the client's safety plan and confidentiality needs.

Throughout the pandemic, transitional housing advocates at The Second Step provided daily and weekly check-ins with clients to ensure their basic needs, physical health needs, and children's needs were addressed completely. This came in the form of advocacy with schools to ensure appropriate technology was provided to children residing within the program, referrals to food pantries and procurement of gift cards to grocery stores, for example.

During the height of the pandemic, the domestic violence and sexual assault program at SMOC, Voices Against Violence, added an extra 24-hour hotline to ensure availability for support and resources as well as a texting option for added privacy and confidentiality. They have chosen to continue this resource indefinitely.

While not a DV-specific project, CTI has 8 units set aside for DV survivors in their emergency family shelter. During the pandemic they accepted emergency transfers from other shelters due to an increase in DV there, while keeping case management from the transferring agency to identify housing and maintain continuity in their supportive services.

4A-4f.	Trauma-Informed, Victim-Centered Approaches--New Project Implementation. NOFO Section II.B.11.	
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Provide examples in the field below of how the new project will:	
1.	prioritize program participant choice and rapid placement and stabilization in permanent housing consistent with participants' preferences;
2.	establish and maintain an environment of agency and mutual respect, e.g., the project does not use punitive interventions, ensures program participant staff interactions are based on equality and minimize power differentials;
3.	provide program participants access to information on trauma, e.g., training staff on providing program participants with information on trauma;
4.	place emphasis on program participants' strengths, e.g., strength-based coaching, questionnaires and assessment tools include strength-based measures, case plans include assessments of program participants strengths and works towards goals and aspirations;
5.	center on cultural responsiveness and inclusivity, e.g., training on equal access, cultural competence, nondiscrimination;
6.	provide opportunities for connection for program participants, e.g., groups, mentorships, peer-to-peer, spiritual needs; and
7.	offer support for parenting, e.g., parenting classes, childcare.

**(limit 5,000 characters)**

The programs, protocols, training requirements, and approaches currently implemented within the BoS CoC, as well as the collaborative nature of these programs, have provided best practice models that agencies across the CoC are adopting and sharing between themselves, and will be used in the implementation of the new DV project. For example, our programs have developed strong partnerships with law enforcement. These approaches have been adopted and modified across the CoC to fit the needs within each community. Trauma-informed care is provided in weekly trainings including how to share information on trauma with clients so that they are able to gain a better understanding of their own feelings and reactions to the abuse they've experienced.

1) The procurement will require expertise in supporting survivors of domestic violence and sexual assault and will implement the project prioritizing Client Voice and Client Choice, a consistent theme in all MA-516 DV projects. As demonstrated in our APRs, our TH-RRH projects which emphasize client choice have successfully housed 84% of the participants in these programs and returns to homelessness comprise only 3% of participants. The approach in these projects is being duplicated in the new project, emphasizing that the client knows his/her/their needs best. By assisting the client to implement the safety plan and seeking housing that the client has identified as the preference ensures the most rapid placement and stabilization possible.

2) This project will operate using a Housing First approach, thus ensuring no punitive interventions, and operate using a reduction of rules-based approach. All agency staff will have training in trauma-informed care, client empowerment, and the importance of mutual respect. We know that healthy, respectful collaborations, like healthy relationships, are reciprocal, and will model that in all interactions. Staff will use conversational techniques to gain information, giving the client the opportunity to voice his/her/their needs. The initial approach is always to acknowledge a client's successes, strengths, and choices that have had a positive impact, including seeking assistance.

3) Again, training is paramount to ensuring that information is shared AND that it is provided in a way that empowers and strengthens the client. This project will provide trauma-informed programming that includes support groups, peer-to-peer support, one-on-one support for survivors and their child(ren), and empowerment-based approaches. Staff will receive ongoing training in ensuring a survivor-centered, trauma-informed approach to all interactions with clients, and will receive weekly reminders during check-ins with supervisors.

4)Consistently, staff will receive frequent training and reminders of the best approaches to ensure program participants are empowered, that their voice is the first one in development and modifications in their safety plans. We know this is successful in current DV programming in the CoC, and will continue to use these methods. In addition, staff are trained in the following five principles defined by the National Network to End Domestic Violence to ensure program participant choice - 1) Awareness of the effects of trauma on survivors 2) Safety for survivors on a physical and emotional level 3) Trustworthiness in processes and relationships 4) Empowerment in decision-making processes and 5) Inclusiveness for all, including individuals from marginalized groups and people with disabilities. These principles will be imbued in the new project to ensure that support groups, safety plans, case management, and housing search all operate with the recognition of the strengths the client brings to the conversation, and how those strengths can be used to build a new, safer future.

5) The program will incorporate the work of the CoC's Racial Equity Committee as well as a DV-specific DEI Committee to ensure that diversity, equity, and inclusion are consistently considered in the implementation of new policies, current practices, and program operations. As is the case with every aspect of the program, training will be provided to ensure staff are respectful of different cultural mores that may actually facilitate abuse and need to be approached carefully and respectfully.

6) The project will offer support groups, community meetings, peer-to peer sharing opportunities, mentorships within the project and with others outside of it who are survivors, and training as requested on specific topics such as financial planning.

7) The project will offer childcare during support group and community meetings, art therapy, and access to trauma-informed counseling for children who have experienced or witnessed violence. The project will also provide on-site parenting support groups and training with emphasis on ending generational violence, and helping children navigate their emotions around the abuse they've experienced or witnessed



## 4B. Attachments Screen For All Application Questions

We prefer that you use PDF files, though other file types are supported. Please only use zip files if necessary.

Attachments must match the questions they are associated with.

Only upload documents responsive to the questions posed—including other material slows down the review process, which ultimately slows down the funding process.

We must be able to read the date and time on attachments requiring system-generated dates and times, (e.g., a screenshot displaying the time and date of the public posting using your desktop calendar; screenshot of a webpage that indicates date and time).

Document Type	Required?	Document Description	Date Attached
1C-14. CE Assessment Tool	Yes	CE Assessment Tool	11/09/2021
1C-7. PHA Homeless Preference	No	PHA Homeless Pref...	11/09/2021
1C-7. PHA Moving On Preference	No	PHA Moving On Pre...	11/09/2021
1E-1. Local Competition Announcement	Yes	Local Competition...	11/09/2021
1E-2. Project Review and Selection Process	Yes	Project Review an...	11/09/2021
1E-5. Public Posting—Projects Rejected-Reduced	Yes	Public Posting - ...	11/09/2021
1E-5a. Public Posting—Projects Accepted	Yes	Public Posting - ...	11/09/2021
1E-6. Web Posting—CoC-Approved Consolidated Application	Yes		
3A-1a. Housing Leveraging Commitments	No	Housing Leveragin...	11/09/2021
3A-2a. Healthcare Formal Agreements	No		
3C-2. Project List for Other Federal Statutes	No		

## **Attachment Details**

**Document Description:** CE Assessment Tool

## **Attachment Details**

**Document Description:** PHA Homeless Preference

## **Attachment Details**

**Document Description:** PHA Moving On Preference

## **Attachment Details**

**Document Description:** Local Competition Announcement

## **Attachment Details**

**Document Description:** Project Review and Selection Process

## **Attachment Details**

**Document Description:** Public Posting - Projects Rejected-Reduced

## **Attachment Details**

**Document Description:** Public Posting - Projects Accepted

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:** Housing Leveraging Commitments

## **Attachment Details**

**Document Description:**

## **Attachment Details**

**Document Description:**

## Submission Summary

**Ensure that the Project Priority List is complete prior to submitting.**

Page	Last Updated
1A. CoC Identification	09/22/2021
1B. Inclusive Structure	11/01/2021
1C. Coordination	11/02/2021
1C. Coordination continued	11/02/2021
1D. Addressing COVID-19	11/02/2021
1E. Project Review/Ranking	11/09/2021
2A. HMIS Implementation	10/31/2021
2B. Point-in-Time (PIT) Count	09/22/2021
2C. System Performance	11/02/2021
3A. Housing/Healthcare Bonus Points	11/01/2021
3B. Rehabilitation/New Construction Costs	10/17/2021

FY2021 CoC Application	Page 64	11/09/2021
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**3C. Serving Homeless Under Other Federal Statutes**

11/01/2021

**4A. DV Bonus Application**

11/05/2021

**4B. Attachments Screen**

Please Complete

**Submission Summary**

No Input Required

# Coordinated Entry Application

## Basic Applicant Info Part 1

### CE Assessment Information

**DATE**

Month Day Year

**REFERRING AGENCY/ORGANIZATION NAME**

**INTERVIEWER/AGENCY CONTACT PHONE #**

**INTERVIEWER/ADVOCATE/CASE MANAGER'S NAME**

### Demographic Information

**FULL NAME OF HEAD OF HOUSEHOLD**

First Name

Middle Name

Last Name

Suffix

Other names

**NAME QUALITY CODE**

- ☐ Full name reported
- ☐ Partial, street name, or code name reported
- ☐ Client doesn't know
- ☐ Client refused

**DATE OF BIRTH (e.g., 10/23/1978)**

Month Day Year

Use 01/01/YEAR and select "approximate or partial date of birth" if client cannot recall DOB.

**DATE OF BIRTH QUALITY CODE**

- ☐ Full date of birth reported
- ☐ Approximate or partial date of birth reported
- ☐ Client doesn't know
- ☐ Client refused

**CURRENT AGE:**

**SOCIAL SECURITY NUMBER**

Some projects may serve clients that do not have an SSN. In these cases, select "Client doesn't know"

**SSN QUALITY CODE**

- ☐ Full SSN reported
- ☐ Approximate or partial SSN reported
- ☐ Client doesn't know
- ☐ Client refused

**GENDER(S) YOU IDENTIFY AS: *Select as many as apply***

- ☐ Female
- ☐ Male
- ☐ A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)
- ☐ Transgender
- ☐ Questioning
- ☐ Client doesn't know
- ☐ Client refused

## Coordinated Entry Application for

CLIENT NAME

DATE

**ETHNICITY**

- ☐ Non-Hispanic/Non-Latin(a)(o)(x)
 ☐ Client doesn't know
- ☐ Hispanic/Latin(a)(o)(x)
 ☐ Client refused

**RACE(S): Select as many as apply**

- ☐ American Indian, Alaska Native, or Indigenous
 ☐ White
- ☐ Asian or Asian American
 ☐ Client doesn't know
- ☐ Black, African American, or African
 ☐ Client refused
- ☐ Native Hawaiian or Pacific Islander

**Military Service Information****HAVE YOU EVER SERVED IN THE MILITARY? (For placement and veteran's services referral only)**

- ☐ Yes
 ☐ No
 ☐ Client doesn't know
 ☐ Client refused

**If yes, are you eligible for VA Medical benefits?**

- ☐ Yes
 ☐ No
 ☐ I don't know

**If yes, are you a US Veteran?**

- ☐ Yes
 ☐ No
 ☐ Client doesn't know
 ☐ Client refused

**If "yes," date client known to be a veteran: (if the client doesn't know the date they became a veteran, use the intake date)**

**Domestic Violence Information****ARE YOU A DOMESTIC VIOLENCE VICTIM / SURVIVOR?**

- ☐ Yes
 ☐ No
 ☐ Client doesn't know
 ☐ Client refused

**If yes, when did the domestic violence experience occur?**

- ☐ Within the past 3 months
 ☐ One year ago or more
- ☐ 3-6 months ago (excluding 6 months exactly)
 ☐ Client doesn't know
- ☐ 6-12 months ago (excluding one year exactly)
 ☐ Client refused

**If yes, are you currently fleeing?**

- ☐ Yes
 ☐ No
 ☐ Client doesn't know
 ☐ Client refused

**Disability Information****DO YOU HAVE A DISABLING CONDITION?**

A disabling condition is a physical, mental, emotional, or developmental disability, HIV/AIDS, or a diagnosable substance abuse problem that is expected to be of long duration and substantially limits your ability to live independently.

- ☐ Yes
 ☐ No
 ☐ Client doesn't know
 ☐ Client refused

Coordinated Entry Application for

CLIENT NAME

DATE

## Basic Applicant Info Part 2

## Household Composition (Use back of page section if more room is needed)

For each Household member, complete a separate Basic Applicant Info Part 1

## HOUSEHOLD DESCRIPTION:

☐ Individual☐ Family☐ Couple

	Name	Relationship	Age
1		Head of Household	
2			
3			
4			
5			
6			
7			

## Contact Information

PRIMARY (PREFERRED) LANGUAGE:

SECONDARY LANGUAGE:

HOW DO YOU PREFER TO BE CONTACTED?

EMAIL:

☐ Phone☐ Email☐ Mail

PRIMARY PHONE #:

SECONDARY PHONE #:

ADDRESS:

ALT. CONTACT NAME &amp; RELATIONSHIP TO YOU:

ALT. CONTACT INFO (PHONE / EMAIL / MAILING ADDRESS):



## Vulnerability Assessment Tool

Please complete all 6 sections included in this assessment.

## Section 1: Misc. Vulnerability Points

Town or Zip code of last permanent address? ( <i>do not include shelter / other programs</i> )	
Score 1 point if household has 6 or more members	
Score 1 point if Domestic Violence is the cause of the homelessness ( <i>within 1 year</i> )	
Score 1 point if applicant is over 60 years old	
Score 3 points if applicant is 18-24 years old	

## Section 1 Total:

## Section 2: Housing / Homelessness

For this entire section, think about your experiences with homelessness immediately prior to today.

## Part A.1: RESIDENCE PRIOR TO PROJECT ENTRY

What type of place were you staying/sleeping in last night? Choose only **one** answer choice in A.1, the headings are just to help with organization.

## Homeless Situations

- |  |   |
|--|---|
| <input type="checkbox"/> Place not meant for habitation (e.g. a vehicle, abandoned building, bus/train/subway station, airport, or anywhere outside) | <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter |
| <input type="checkbox"/> Safe Haven  |   |

## Institutional Situations

- |   |   |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home                     | <input type="checkbox"/> Long-term care facility or nursing home            |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility                   | <input type="checkbox"/> Substance abuse treatment facility or detox center |

## Transitional, Permanent, and Other Housing Situations

- |   |  |
|---|--|
| <input type="checkbox"/> Residential project or halfway house with no homeless criteria       | <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy                              |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher            | <input type="checkbox"/> Rental by client, with Housing Choice Voucher (HCV) (tenant or project based) |
| <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) | <input type="checkbox"/> Rental by client in a public housing unit                                     |
| <input type="checkbox"/> Host home (non-crisis)   | <input type="checkbox"/> Rental by client, with no ongoing housing subsidy                             |
| <input type="checkbox"/> Staying or living in a friend's room, apartment, or house            | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy                          |
| <input type="checkbox"/> Staying or living in a family member's room, apartment, or house     | <input type="checkbox"/> Owned by client, with ongoing housing subsidy                                 |
| <input type="checkbox"/> Rental by client, with GPD TIP housing subsidy                       | <input type="checkbox"/> Owned by client, no ongoing housing subsidy                                   |
| <input type="checkbox"/> Rental by client, with VASH housing subsidy                          | <input type="checkbox"/> Client doesn't know   |
| <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons     | <input type="checkbox"/> Client refused  |

**Part A.2: LENGTH OF STAY IN PRIOR LIVING SITUATION**

If you moved around, but in the same type of situation, include the total time in that type of situation. If you moved around from one situation to another, only include the time in the situation selected.

- |  |  |
|--|--|
| <input type="checkbox"/> One night or less                         | <input type="checkbox"/> 90 days or more, but less than one year |
| <input type="checkbox"/> Two to six nights                         | <input type="checkbox"/> One year or longer                      |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> Client doesn't know                     |
| <input type="checkbox"/> One month or more, but less than 90 days  | <input type="checkbox"/> Client refused                          |

**Part B: PRIOR RESIDENCE SUB-SECTION - START****Part B.1: WAS THE PLACE YOU SLEPT LAST NIGHT A HOMELESS SITUATION?**

- ☐ No – (Go to “Part B.2”)
- ☐ Yes – (Continue to Part C “Date You Started Being Homeless This Time”)

**Part B.2: WAS YOUR PREVIOUS RESIDENCE AN INSTITUTIONAL SITUATION?**

- ☐ No – (Go to “Part B.3”)
- ☐ Yes – (Continue below)

**If yes, did you stay less than 90 days?**

- ☐ No
- ☐ Yes – (Continue below)

**If yes, on the night before did you stay on the streets, in an emergency shelter, or in a Safe Haven?**

- ☐ No
- ☐ Yes – (Continue to Part C “Date You Started Being Homeless This Time”)

**Part B.3: WAS YOUR PREVIOUS RESIDENCE A TRANSITIONAL, PERMANENT HOUSING, OR OTHER SITUATION?**

- ☐ No
- ☐ Yes

**If yes, did you stay less than 7 days?**

- ☐ No
- ☐ Yes

**If yes, on the night before did you stay on the streets, in an emergency shelter, or in a Safe Haven?**

- ☐ No
- ☐ Yes – (Continue to Part C “Date You Started Being Homeless This Time”)

**PRIOR RESIDENCE SUB-SECTION - END**

**Part C: DATE YOU STARTED BEING HOMELESS THIS TIME****DATE (e.g., 08/24/2021)**

Month	Day	Year

What is the start date for your current period of 'literal' homelessness? This can be determined by including any continuous time moving around between the streets, ES, or SH. Stays of less than 7 consecutive nights in permanent or temporary housing do NOT break the period. Also, institutional stays of less than 90 days do NOT break the period (i.e., jail, mental health treatment facility, etc.).

**Part D: NUMBER OF TIMES YOU HAVE BEEN HOMELESS IN THE PAST THREE YEARS**

Count all the different periods of homelessness (i.e., times you were on the streets, in an emergency shelter, or in a safe haven) in the last 3 years where there are full breaks in between (i.e., breaks that are 90 days or more in an institution or 7 nights or more in permanent or transitional housing).

- |   |  |
|---|--|
| <input type="checkbox"/> One time (this time) | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times            | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> Three times          |  |
| <input type="checkbox"/> Four or more times   |  |

**TOTAL NUMBER OF MONTHS YOU HAVE BEEN HOMELESS IN THE PAST THREE YEARS**

Count the number of months in which you were "homeless" (i.e., on the streets, in an ES, or SH) in the last 3 years. Include stays in an institution <90 days or in permanent/transitional housing <7 days.

- If any day of a given month is spent "homeless", count the full month (e.g., if you slept on the street for 1/31 and 2/01, count 2 months).

- |   |  |
|---|--|
| <input type="checkbox"/> 1 month or less (this is the first time) | <input type="checkbox"/> 9                   |
| <input type="checkbox"/> 2  | <input type="checkbox"/> 10                  |
| <input type="checkbox"/> 3  | <input type="checkbox"/> 11                  |
| <input type="checkbox"/> 4  | <input type="checkbox"/> 12                  |
| <input type="checkbox"/> 5  | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> 6  | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> 7  | <input type="checkbox"/> Client refused      |
| <input type="checkbox"/> 8  |  |

**Section 2 Total:**

**Section 3: Physical Health**

In this section choose only ONE answer in each Part

**Part A.1: DO YOU HAVE ANY CHRONIC HEALTH CONDITIONS?**

A Chronic Health Condition is a diagnosed condition that will last more than 3 months and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples include, but are not limited to, heart disease, severe asthma, diabetes, arthritis, adult-onset cognitive impairments (including brain injury, PTSD, dementia), migraines, cancer, and/or emphysema.

☐ Yes      ☐ No      ☐ Client doesn't know      ☐ Client refused
**Part A.2: If yes,**

3	Yes, I am not currently being treated for it/them	
2	Yes, I am under a doctor's care, but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No, I do not have a chronic health condition	

**Part A.3: Do you have trouble getting around due to a chronic health condition?**

3	Yes, I am in a wheelchair	
2	Yes, I depend on a cane / crutches for mobility	
1	Yes, I can walk a short distance without assistance, but with difficulty	
0	No, I don't have any trouble getting around	

**Part B.: Have you ever been diagnosed with HIV/AIDS?**

(We are only asking you this question as some programs are specifically for people living with HIV/AIDS and we want to know if you are eligible for them.)

2	Yes	
0	No	
0	Client doesn't know	
0	Client refused	

**Part C.: Do you have a developmental disability?**

A developmental disability means a severe, chronic disability that is attributed to a mental or physical impairment (or combination) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency. Examples include autism, behavior disorders, brain injury, cerebral palsy, Down syndrome, fetal alcohol syndrome, intellectual disability, and spina bifida.

☐ Yes      ☐ No      ☐ Client doesn't know      ☐ Client refused
**Part D.: How many times have you visited a hospital emergency room in the past 12 months?**

3	10 or more times	
2	5 to 9 times	
1	1 to 4	
0	I have not gone to the emergency room in the past 12 months	

**Section 3 Total:**

## Section 4: Mental Health / Substance Use

In this section choose only ONE answer in each Part

## Part A.1: Have you been diagnosed with a mental health disorder?

☐ Yes
 ☐ No
 ☐ Client doesn't know
 ☐ Client refused

## Part A.2: If yes, is it expected to be of long-continued and indefinite duration (last a long time) and substantially impair your ability to live independently?

☐ Yes
 ☐ No
 ☐ Client doesn't know
 ☐ Client refused

## Part A.3: If yes,

3	Yes, I am not currently being treated for it	
2	Yes, I am under a doctor's care, but I don't always take my medications / follow their instructions	
1	Yes, I am under a doctor's care and take my medication / follow the doctor's instructions	
0	No, I do not have a mental health condition	

## Part B.1: Please tell us if you have a history of substance use disorder (SUD)

☐ Yes, Alcohol use disorder
 ☐ No  
☐ Yes, Drug use disorder
 ☐ Client doesn't know  
☐ Yes, both alcohol and drug use disorders
 ☐ Client refused

## Part B.2: If yes, is it expected to be of long-continued and indefinite duration (last a long time) and substantially impair your ability to live independently?

☐ Yes
 ☐ No
 ☐ Client doesn't know
 ☐ Client refused

## Part B.3: If yes,

4	Yes, and I am currently using alcohol or drugs and not in recovery	
3	Yes, but I have been in recovery for less than 6 months	
2	Yes, but I have been in recovery for 6 months to 1 year	
1	Yes, but have been in recovery for more than 1 year	
0	I do not have a substance abuse problem	

## Part B.4: Please tell us if you have overdosed on drugs or alcohol.

2	I have had an overdose (OD) or alcohol poisoning within the past 12 months.	
---	---	--

## Section 4 Total:

## Section 5: Income / Employment

In this section choose only ONE answer in each Part

## Part A.: Do you have a steady income?

4	No Income	
2	Some income, not stable, insufficient to afford unsubsidized housing	
1	Income from mainstream benefits, insufficient to afford unsubsidized housing	
0	Income from employment or mainstream benefits, sufficient to afford unsubsidized housing	

## Part B.: Do you have a job?

5	No, I can't work due to disability	
4	No, I have significant barriers (e.g., language barrier, no childcare, no transportation, etc.)	
2	Yes, but only a few hours a week and sometimes there is no work available	
2	No, but seeking a job	
1	Yes, I have a disability but work limited hours to supplement SSI/SSDI income	
1	Yes, I work part-time and have regular hours	
0	Yes, I work full-time	

## Section 5 Total:

## Section 6: Sexual Orientation / Gender Identity

## DO YOU IDENTIFY AS LGBTQ?

2	Yes	
0	No	

## Section 6 Total:

## Total Vulnerability Score: Sections 1-6:

## Section 7: Any Further Comments

Under federal and state law the Massachusetts Department of Housing and Community Development does not discriminate on the basis of race, color, sex, sexual orientation, gender identity, national origin, religion, creed, age, disability, familial status, children, marital status, military/veteran status, receipt of public assistance/housing subsidy, ancestry, and genetic information. To file a complaint of discrimination, you may contact the Associate Director, Division of Housing Stabilization, DHCD, 100 Cambridge St., 4<sup>th</sup> Floor, Boston, MA 02114, tel. (617) 573-11370, TTY (617) 573-1140 for the deaf or hard-of-hearing.

## Coordinated Entry System Housing Preference Form

<b>PARTICIPANT FIRST NAME</b>	<b>PARTICIPANT LAST NAME</b>	<b>DOB (MM/DD/YYYY)</b>
<b>INTERVIEWER'S NAME AND TITLE</b>	<b>INTERVIEWER'S ORGANIZATION</b>	<b>DATE OF INTERVIEW</b>

This form will accompany your CE vulnerability and release forms to help us better understand what your housing needs and preferences are.

### Project Type – What type of housing/program are you interested in?

<input type="checkbox"/> <b>Transitional Housing</b>	A project that provides temporary lodging and is designed to facilitate the movement of homeless individuals and families into permanent housing within a specified period of time, but no longer than 24 months.
<input type="checkbox"/> <b>Rapid Rehousing</b>	A permanent housing project that provides housing relocation and stabilization services and short- and/or medium-term rental assistance as necessary to help homeless people move as quickly as possible into permanent housing and achieve stability. After rental assistance ends the participant stays in the unit.
<input type="checkbox"/> <b>Permanent Supportive Housing</b>	A project that offers permanent housing and supportive services to assist homeless persons with a disability (individuals with disabilities or families in which one adult or child has a disability) to live independently.
<input type="checkbox"/> <b>Other Permanent Housing</b>	Other Permanent Housing is <u>not</u> offered by CoC or ESG projects, but occasionally the CoC Coordinated Entry System is asked for referrals to fill local vacancies (i.e., <b>EHV</b> - Emergency Housing Vouchers).

### Housing Types – We also know that people do better in different types of housing. Please check the box for any/all types of housing that you believe will be successful for you.

<input type="checkbox"/> <b>SRO - Single Residency Unit</b>	A residential property that includes multiple single room dwelling units. Each unit is occupied by a single individual. The unit need not, but may, contain food preparation and/or sanitary facilities.
<input type="checkbox"/> <b>Congregate</b>	Shared units (e.g., three unrelated people living in a three-bedroom apartment, each with their own bedroom but sharing kitchen, bathrooms, living room, etc...)
<input type="checkbox"/> <b>Clustered Units</b>	Separate apartments for each household in the same building or complex.
<input type="checkbox"/> <b>Scattered Site</b>	Separate apartments for each household in different buildings.

### Project and Services for...

#### Are you interested in projects that serve anyone?

Checking this box will indicate your interest in all housing programs that you are eligible for that do not serve a special sub-population. *If you are interested in only projects that serve a special population, please leave this box blank, and indicate which special population(s) below.*

☐ **Programs that serve all people**



# Coordinated Entry Application for

CLIENT NAME

DATE

## Projects with services for special populations

Are you interested in programs that serve (and have services for) a specific group of people? *Check off any of the program types below that you are both eligible for and interested in.*

- ☐ Programs for only young people (I am under 25 years old)
- ☐ Programs for people with a disability (I have been diagnosed)
- ☐ Programs for former US Military members (I have served in the US Military)
- ☐ Programs for those with HIV/AIDS (I have been diagnosed)
- ☐ Programs for people who have a Substance Use Disorder (I have been diagnosed)
- ☐ Programs for people with a Mental Health Disorder (I have been diagnosed)
- ☐ Programs for survivors of domestic violence

## Special Housing Needs

Finally, we know that some people have very specific needs related to their disabilities. Please check if you need any of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Handicapped Accessible Unit      | <input type="checkbox"/> First Floor unit                  |
| <input type="checkbox"/> Devices for the hearing Impaired | <input type="checkbox"/> Devices for the Visually Impaired |

# Coordinated Entry Application for

CLIENT NAME

DATE

We understand that for you to be close to your support systems, some communities will work better for you than others. We also understand that some people may have communities that they cannot live in. The Balance of State Continuum covers a large geographic area, which we have divided into five (5) regions. The next two pages provide regional listings with included towns as well as a map indicating the CE regions in our Continuum. Below, please check the box next to a maximum of two (2) in which you could live and be close to your support systems. When doing so, remember that the list for each region will be different, depending on how many CE applicants show interest in that particular region and the housing opportunities available within each region.

## Community Preference Selection – please select a maximum of 2

- ☐ NorthShore Region (mostly Essex County)
- ☐ North Middlesex Region
- ☐ Metro Region (communities surrounding the Boston area)
- ☐ West Region
- ☐ South Region (mostly Norfolk County)

### NorthShore

Amesbury	Gloucester	Marblehead	Peabody	Wenham
Andover	Hamilton	Merrimac	Rockport	West Newbury
Beverly	Haverhill	Methuen	Rowley	Wilmington
Boxford	Ipswich	Middleton	Salem	
Danvers	Lawrence	Newburyport	Salisbury	
Essex	Lynnfield	North Andover	Swampscott	
Georgetown	Manchester	North Reading	Topsfield	

### North Middlesex

Acton	Burlington	Groton	Reading	Wakefield
Ashby	Carlisle	Lexington	Shirley	Westford
Ayer	Chelmsford	Lincoln	Stoneham	Winchester
Bedford	Concord	Littleton	Tewksbury	Woburn
Billerica	Dracut	Lowell	Townsend	
Boxborough	Dunstable	Pepperell	Tyngsboro	

### Metro

Arlington	Chelsea	Medford	Newton	Waltham
Belmont	Everett	Melrose	Revere	Watertown
Brookline	Malden	Nahant	Somerville	Winthrop

### South

Avon	Cohasset	Holbrook	Plainville	Walpole
Bellingham	Dedham	Milton	Randolph	Westwood
Braintree	Foxborough	Norfolk	Sharon	Wrentham
Canton	Franklin	Norwood	Stoughton	

# Coordinated Entry Application for

CLIENT NAME

DATE

West				
Ashland	Hopkinton	Medfield	Needham	Wayland
Dover	Hudson	Medway	Sherborn	Wellesley
Framingham	Marlborough	Millis	Stow	Weston
Holliston	Maynard	Natick	Sudbury	



## List of Organizations that make up the Massachusetts Balance of State Continuum of Care

The Balance of State Continuum of Care has divided the Continuum into several regions to better assist applicants to the Coordinated Entry System and to make appropriate housing referrals and works with organizations in each region to do so. Below is the list of four organizations that have been contracted by DHCD to coordinate housing and other services with other agencies through the CoC Housing Navigators working in these agencies.

- Community Teamwork Inc. (CTI)
- Emmaus
- Somerville Homeless Coalition
- South Middlesex Opportunity Council (SMOC)

# Coordinated Entry Consents

## Consent to Participate in a Screening and Authorization to Share Health Information

PARTICIPANT FIRST NAME	PARTICIPANT LAST NAME	DOB (MM/DD/YYYY)
INTERVIEWER'S NAME AND TITLE	INTERVIEWER'S ORGANIZATION	DATE OF INTERVIEW

We are asking you to participate in an interview and screening to enable us to share information about you with the Massachusetts Balance of State Continuum of Care (the CoC) for the purpose of enrolling you in the CoCs Coordinated Entry System.

**Information about the Coordinated Entry System for Homeless Services:** In the Massachusetts Balance of State Continuum of Care, homeless services, transitional housing, permanent supportive housing, and other homeless resources are accessed through the Coordinated Entry System administered by the CoC. Services and housing in the CoC are prioritized for individuals and families who have been homeless for long period of time and have high service needs. The Coordinated Entry System allows for speedy matching of homeless individuals with the most appropriate housing resources. In addition to housing, supportive case management services are available to help individuals get the services they may need, such as primary health care, substance use treatment, and substance use recovery support services, to successfully stay in housing.

The CoC is a collaborative of state, county and local government agencies, social service providers, housing agencies, and other organizations that serve homeless and formerly homeless persons in the area. You may complete and submit this application with or without the assistance of a nonprofit organization. **Attached to this Authorization is a list of organizations that are currently contracted with the CoC to provide Coordinated Entry Housing Navigators.** The CoC Housing Navigator organizations may change over time. **At any time you may ask for a complete list of CoC Housing Navigators, as well as CoC grantees by contacting the CoC at (617) 573-1390.**

**Screening:** With your authorization, you will be interviewed today about your health and housing for the purpose of entering you into the CoC Coordinated Entry System. This should take about 20-30 minutes. You will be asked questions about your substance use, about your medical and mental health, and about where you have lived and worked. Most of the questions only require a “yes” or “no”. Some questions require one-word answers.

## Coordinated Entry Consents for

CLIENT NAME

DATE

**Participation is Voluntary:** Participation in the screening and the CoC Coordinated Entry System are completely voluntary. If you decide not to participate in the screening or to sharing your information, those decisions will: (1) not impact the services you may be receiving from the organization wanting to conduct your interview today; and (2) not prevent you from participating in the Coordinated Entry System, but the ability of the Coordinated Entry System to help you will be substantially limited. To participate in the Coordinated Entry System without participating in the screening, contact the CoC at **(617) 573-1390** or by writing to [DHCDcocapplications@mass.gov](mailto:DHCDcocapplications@mass.gov)

If you agree to participate in the interview, you may ask to take a break or stop the interview at any time. If at any point you do not understand what is being asked, let the interviewer know and they will help you.

**Enrollment into the Coordinated Entry System - Who Will Receive the Information from the Interview:** With your authorization, the information collected from the interview will enroll you into the BoS CoC Coordinated Entry System, determine your eligibility for various housing programs, and may be used to make referrals for other services on your behalf. the CoC will forward your application packet and contact information to the CE Housing Navigator assigned to work in the region you are primarily interested in being housed in for entry into the Coordinated Entry database. If a housing opportunity becomes available to you, they will then reach out to verify eligibility, and once eligibility has been verified, will then provide your information to the organization that operates the available housing.

### Important Rights and Other Information You Should Know.

- You may revoke your authorization to share the information with the CoC at any time by contacting the CoC at (617) 573-1390. If you revoke this authorization, the revocation will not apply to information that has already been used or disclosed.
- You may stop your participation in the Coordinated Entry System at any time by contacting the CoC at (617) 573-1390.
- The information shared with the CoC based on this authorization may be re-disclosed and may no longer be protected by federal or state privacy laws. Not all organizations and persons have to follow these laws.
- You have a right to a copy of this authorization once you have signed it. To obtain a copy, please ask the person who is interviewing you or contact the CoC at **(617) 573-1390**.

**SIGN BELOW IF YOU AGREE TO BE INTERVIEWED AND TO SHARE YOUR INFORMATION**

I have read (or have been read) the authorization and I agree to and understand the following:

1. My responses to this interview, which consists of the Basic Applicant Information and the Assessment Tool that is attached to this authorization, namely, the Coordinated Entry Vulnerability Tool. My Social Security number, collected for identification purposes, will be shared by the Interviewer with the CoC and the referral agency.
2. My participation in this interview and the Coordinated Entry System does not guarantee that I will be eligible for a service or program, such as a housing program. I understand that if I am eligible for a service or program, it does not guarantee that I will receive them.
3. The information I provide in the interview is true and complete to the best of my knowledge. I understand that the information I provide may be verified.
4. This authorization will remain in effect until it is otherwise revoked or terminated.

**My signature (or mark) below indicates that I have read (or have been read) and agree to the statements above and I agree to be interviewed and for my information to be shared with the Housing Navigator(s) working in the region(s) I have indicated an interest in on the Housing Preference Form, as well as organizations participating in Coordinated Entry to which I am being referred. It also indicates that I have received a copy of this Authorization Form.**

---

Date

---

Signature (or mark) of Participant

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Signature of Interviewer

## Consent to Participate and Authorization for Release of Confidential Information for Individuals and Families with Histories of Substance Use Disorders

### ABOUT THE COORDINATED ENTRY SYSTEM

You are invited to participate in the Coordinated Entry System of the Balance of State Continuum of Care (BoS CoC). The BoS CoC is funded by the federal Department of Housing and Urban Development (HUD) through the Massachusetts Department of Housing and Community Development (DHCD). The purpose of the BoS CoC is to establish and maintain HUD-funded housing programs for homeless and chronically homeless individuals and families within its geographical area (most of Suffolk, Middlesex, Essex, and Norfolk Counties). The purpose of the Coordinated Entry System is to identify homeless and chronically homeless individuals and families and to place them in housing as quickly as possible. If you choose to participate in the BoS CoC Coordinated Entry System administered by DHCD, you will be assisted to find appropriate housing as quickly as possible. You will be offered Supportive Case Management services along with the housing to help you find and keep the services you need, such as primary health care, substance use treatment, and substance use recovery support services, to stay in the housing successfully.

Your participation in the Coordinated Entry System is strictly voluntary.

You do not have to take part in this program. If you do take part in this program, you can leave the program at any time. If you decide to participate in this program, then information about you will be collected so the program can help place you in housing, to fulfill reporting obligations to HUD, and to help the CoC better understand the needs of homeless persons in the region. With your permission, your information will be shared only with organizations that will help find you a place to live. If you do not give your permission to share your information, you can still participate in the Coordinated Entry System, but that will limit the amount of help the Coordinated Entry System will be able to give you.

### COLLECTION AND USE OF INFORMATION

#### SCREENING AND ASSESSMENT

With your permission, the Coordinated Entry System worker will do a face-to-face interview with you to help find out which housing programs fit your needs. That worker will ask questions about your substance use, about your medical and mental health, and about where you have lived and worked.

#### 42 CFR PART 2 REQUIREMENTS

When the Coordinated Entry System collects information about you, the government requires that information to be protected. When that information includes information about substance use, a diagnosis of



## Coordinated Entry Consents for

CLIENT NAME

DATE

substance use disorder, or treatment for substance use disorder, then there are special requirements to protect your substance-use information. Those special requirements are described on the next page. Your information can be shared with other organizations only with your permission. It will be used only to help place you in housing. To do that, your information will be entered into DHCD's Coordinated Entry System's Homeless Management Information System (HMIS). If you consent, we would like you also to provide us with the name, address, and phone number of another individual who will know how we can get in touch with you.

*We take steps to protect the privacy and the security of the information collected about you. Information regarding substance use and treatment collected about you for the BoS CoC Coordinated Entry System is protected under federal laws: Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164). Your information cannot be shared without your permission, unless otherwise permitted by those laws.*

I, \_\_\_\_\_,

(Print the name of the person giving consent to this release of information on the line above)

have read and fully understand this consent form and I wish to participate in the BoS CoC Coordinated Entry System. I agree to the following:

- I authorize the BoS CoC Coordinated Entry System to do screening and assessment in order to refer me to appropriate housing programs;
- I understand that the BoS CoC Coordinated Entry System is required to collect information and enter that information into DHCD's Coordinated Entry System's Homeless Management Information System (HMIS);
- I agree to provide my contact information and the contact information of someone else who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs;
- I understand my information and records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR Parts 160 & 164); I understand my information cannot be shared without my written consent unless otherwise provided for in the laws and regulations;
- I agree information about my substance use disorder can be released and shared with the designated staff persons at the Coordinated Entry System and at organizations only to the extent that information

## Coordinated Entry Consents for

CLIENT NAME

DATE

is necessary for the referral to housing programs appropriate for me;

- I understand that I may cancel this consent at any time, except to the extent that action has been taken in reliance on it. I also understand that, in any event, this consent automatically expires 90 days upon the completion of my participation in the BoS CoC Coordinated Entry System. If I decide to cancel this consent before the automatic expiration date, I can do so by contacting the Coordinated Entry Program Coordinator at DHCD at: **1-617-573-1390**.

I acknowledge that I have received a copy of this consent-to-release-information form.

Participant's Signature

Date

Staff Person's Signature

Date

Staff Person's Printed Name and Title:

**Optional Contact Information:** I authorize the CoC to contact the person whose contact information I have provided below who will know how to get in touch with me for follow-ups and referrals to appropriate housing programs.

Print Name:

Print Address:

Phone Number:

Email Address:

## **PHA Homeless Preference attachment**

### **Massachusetts Department of Housing and Community Development Housing Choice Voucher Administrative Plan, effective date October 1, 2020**

#### **20.24 PREFERENCES**

The tenant selection plan for the PBV site includes the specific admission preferences used to select applicants from the waiting list. On a case-by-case basis, DHCD or its designee may approve a project sponsor's request to combine preferences, e.g., homeless veterans. These preferences would be subject to approval and outlined in the project's affirmative fair housing marketing plan and tenant selection plan.

##### **20.24.1 Pre-Qualifying for Certain Preference Units**

In some instances, it is appropriate to require that applicants pre-qualify for a preference in order to avoid issuing selection letters to applicants who would not otherwise be eligible and delaying the lease-up of the unit. DHCD or its designee will identify these units before the selection process begins. In these instances, upon receipt of an application for units in these projects - where the household size meets the preference units' bedroom size - DHCD or its designee will inform the applicant that if they wish to be considered for these units, they must submit documentation to pre-qualify their eligibility for this priority consideration. The letter to the applicant will include:

1. A description of the preference criteria for priority consideration;
2. A description listing what documentation is required to verify eligibility for this consideration;
3. A list of entities appropriate to verify the applicant's eligibility for the priority consideration.

When making selections for these units, applicants who have been pre-qualified will be selected before all other applicants.

##### **20.24.2 Regional Residency Preference**

A regional residency preference will be applied as a ranking preference to all PBV applicants. Applicants may apply to units outside of their region, but they will not be selected until all applicants with a residency preference have been exhausted. A regional residency preference will not apply to PBV projects that have received DHCD approval for an owner-maintained, site based waiting list.

### 20.24.3 Homeless Preference

DHCD may approve homeless criteria for occupancy of units that are created to address the issue of homelessness.

An applicant will generally be considered homeless, unless otherwise provided by DHCD, if the applicant lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is:

- A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing), or
- An institution in which they have been residents for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain access to housing, or
- A public or private place not designed for, or ordinarily used as, a regular sleeping place for human beings.

### 20.24.4 Homeless Veterans Preference

An applicant will generally be considered a veteran, unless otherwise provided by DHCD or its designee, if the applicant:

- Served in the active military, navy, or air service; and
- Was discharged or released from such service under conditions other than dishonorable.

### 20.24.5 Youth Aging Out Preference

DHCD may approve a PBV preference for youth aging out of foster care and receiving supportive services.

### 20.24.6 Preference for Certain Disability Projects

DHCD may agree to provide a preference for projects serving persons with disabilities who live in institutions or are at risk of institutionalization.

### Tenant Selection for Community Based Housing (CBH) Units

CBH is a state bond-financed program that provides 0% deferred loans for housing for disabled people who are institutionalized or at risk of institutionalization. Clients of the MA Department of Mental Health (DMH) and the MA Department of Developmental Services (DDS) are not eligible for CBH units (because they are eligible for the state-financed Facilities Consolidation Fund (FCF) program). When CBH development funds are included in any units selected for PBV, priority shall be provided as follows:

- First Priority: Persons with disabilities (as that term is defined in 760 CMR 60.02) who are living in institutions or are at risk of institutionalization, and are not eligible for the FCF program as set out in St. 2004, c.290, Line Item 4000-8200. Of all persons eligible for this priority, for units that incorporate special design features, preference shall be given to those persons with a documented need for the special design features.
- Second Priority: All persons with disabilities living in institutions or at risk of institutionalization.
- Third Priority: All persons with disabilities.

Eligibility for first priority will be documented by a Massachusetts Rehabilitation Commission (MRC)-approved entity.

#### Tenant Selection for Facilities Consolidation Funds (FCF) Units

FCF is a state bond-financed program that funds community-based housing for clients of the MA Department of Mental Health (DMH) and MA Department of Developmental Services (DDS) who

require services. When FCF development funds are included in any unit selected for PBV, priority shall be provided as follows:

- First Priority: FCF-eligible clients who require services in accordance with the criteria outlined below in Preference for Disabled Households Needing Services.
- Second Priority: All other disabled clients requiring services in accordance with the criteria outlined below in Preference for Disabled Households Needing Services.
- Eligibility for first priority in units funded with FCF will be documented by a DMH- or DDS-approved entity.

#### Preference for Disabled Households Needing Services

DHCD may support projects that require preference be given to disabled households that need services offered at a particular project in accordance with the following HUD conditions and criteria:

1. Preference cannot be granted to persons with a specific disability.
2. The project sponsor must document that the applicant has a disability that significantly interferes with their ability to obtain and maintain themselves in housing; and
3. Who, without appropriate services, will not be able to obtain or maintain themselves in housing; and
4. For whom such services cannot be provided in a non-segregated setting (i.e. a tenant based voucher for an independently selected unit would not meet the needs of the applicant).
5. Disabled residents shall not be required to accept the particular services offered at the project.
6. In advertising the project, the owner may advertise the project as offering services for a particular type of disability; however, the project must be open to all otherwise eligible persons with disabilities who may benefit from the services provided.

#### Tenant Eligibility for Preference for Disabled Households Needing Services

The owner/project sponsor must identify in their application which professional organization and/or independent individual(s) will make the assessment that a disabled applicant meets the HUD criteria listed above. Such professionals could include licensed medical, psychological, or allied mental health and/or human services professionals. Whomever the owner/project sponsor selects to make the assessment must sign a certification form that either attests to or rejects each applicant's need for services in accordance with said section.

#### Applicant eligibility will be made by the owner/project sponsor. Applicant Referrals for Units with Disability Preference

All disabled applicant referrals will be made from the project's site specific waiting list maintained by DHCD or its designee. The owner/project sponsor will send all applicant referrals written notification of their selection determination, with a copy to DHCD or its designee.

#### 20.24.7 Applicant Right to Appeal Denial of PBV Unit Based on Failure to Demonstrate Need for Services Offered

Any applicant denied preference consideration for a project providing services must be offered the right to appeal the decision made by the owner/project sponsor. The owner/project sponsor must include in their PBV application to DHCD the specific criteria they will use to assess an applicant's need for services.

#### 20.24.8 Transfer Preference

#### 20.24.9 Other Preferences

DHCD may establish other tenant selection preferences for its PBV projects, provided these preferences support DHCD's mission. DHCD will amend this PBV plan and announce any new preference(s) on DHCD's website at [www.mass.gov/dhcd/](http://www.mass.gov/dhcd/).

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### **Lowell Housing Authority Administrative Plan Addendum 3A**

## **Lowell Housing Authority Section 8 Project Based Program**

### **Preference for the Permanent Supportive Housing Program**

The Lowell Housing Authority will grant a preference to homeless families screened and approved by House of Hope, Inc., for participation in a permanent housing program offering supportive services and case management to extremely low and very low income families, within the municipality of Lowell. Proof of homeless status will be required through written verification from a local shelter or the Department of Transitional Assistance. The preference will only apply to those families whose circumstances require supportive housing services to address:

- Significant/chronic mental health issues

- A history of domestic violence

- A history of substance abuse issues

- Significant and/or chronic health issues

- Significant barriers to work and to obtain permanent affordable housing

- Extremely limited support network

Extremely limited financial management skills

Participation in Family Supportive Services is voluntary and cannot be required.

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## **Lowell Housing Authority Administrative Plan Addendum 6**

Addendum to the Housing Choice Voucher Administrative Plan - Mainstream Program

Lowell Housing Authority

Addendum to the Administrative Plan

### **MAINSTREAM PROGRAM**

The Mainstream Program (Section 811 Housing Choice Vouchers) provides rental assistance to non-elderly persons with disabilities. To be eligible, a household must be made up of one or more non-elderly persons with disabilities, age 18 years or older and less than 62 years of age who:

Has a disability, as defined in 42 U.S.C. 423;

1. Is determined , pursuant to HUD regulations, to have a physical, mental, or emotional impairment that:

a) Is expected to be of indefinite duration;

b) Substantially impedes his or her ability to live independently, and

c) Is of such nature that the ability to live independently could be improved by more suitable housing conditions; or

2. Has a developmental disability as defined in 42 U.S.C. 6001

Mainstream Vouchers are targeted toward individuals or families with disabilities who are transitioning out of institutions or other segregated settings, are at serious risk of institutionalization, or who are homeless or at risk of becoming homeless. To determine

program eligibility, an applicant must provide written documentation that they are homeless or at risk of being homeless, and meet the criteria above. The following definitions provide will be used to determine program eligibility.

Institutional or Other Segregated Setting



Institutional or segregated settings are locations populated primarily by individuals with disabilities or congregate locations with a regimentation in daily activities, and lack of privacy or autonomy. They may place limits on an individuals' ability to engage freely in community activities, and to manage their own activities of daily living. This also includes sites that provide for daytime activities for individuals with disabilities.

#### At risk of Institutionalization

Individuals with a disability who as a result of a failure to acquire services or due to elimination of services would likely cause a decline in health or safety that could lead to the individual's placement in an institution. Individuals may be designated at risk of institutionalization by a health and human service agency, a community based organization or by self-identification.

#### Homeless

1) An individual or family who lacks a fixed, regular, and nighttime residence. This includes:

a) An individual or family with a primary nighttime residence that is a public or private place not designated for or ordinarily used as a regular sleeping accommodation such as a car, park, abandoned building, bus or train station, airport, or camp ground;

b) An individual or family living in a supervised public or private shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels funded by charitable organizations, or by federal, state or local government programs for low-income individuals); or

c) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

2) An individual or family who will imminently lose their primary nighttime residence, provided that:

a) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

b) No subsequent residence has been identified; and

c) The individual or family lacks the resources or support networks, needed to obtain other permanent housing;

, 3) Unaccompanied youth under 25 years of age, or families with children and youth who do not otherwise qualify as homeless under this definition, but who:

a) Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42

U.S.C. 9832, section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2) section 330 (h) of the Public Health Service Act (42

U.S.C. 254b(h)), Section 3 of the Food and Nutrition Act of 2008 (7

U.S.C. 2012), section 17 (b) of the Child Nutrition Act of 1966 (42 U.S.C

b) 1786 (b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);

c) Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the last 60 days immediately preceding the date of the application for homeless assistance;

d) Have experienced persistent instability as measured by two moves or more during the 60 days immediately preceding the date of application for homeless assistance;

e) Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions, substance addiction; histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, an a history of unstable employment; or

4) Any individual or family who:

a) Is fleeing, or is attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary residence;

b) Has no other residence; and

c) Lacks the resources or support networks to obtain other permanent housing.

## At Risk of Becoming Homeless

a) Does not have sufficient resources or support networks available to prevent them from moving to an emergency shelter;

b) Meets one of the following conditions:

\*Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

\*Is living in the home of another because of economic hardship;

\* Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;

\* Lives in a hotel or motel and the cost of the hotel stay is not paid by charitable organizations or by federal, state or local government programs for low-income individuals;

\* Lives in a single room occupancy or efficiency apartment in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;

\*Is exiting a publicly funded institution or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

\* Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness

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## **Lowell Housing Authority Administrative Plan Addendum 8**

Addendum to the Housing Choice Voucher Program Administrative Plan

Foster Youth to Independence Program

Addendum to the Housing Choice Voucher Program Administrative Plan

Tenant Protection Vouchers

For Foster Youth to Independence Initiative

The Lowell Housing Authority (LHA) has established a collaborative initiative to prevent and end homelessness among youth and young adults with current or prior involvement with the Massachusetts Department of Children and Families (DCF). In addition to DCF, this partnership includes Community Teamwork, Incorporated (CTI), and the City of Lowell Continuum of Care (CoC). "The Federal Strategies Plan to Prevent and End Homelessness" estimates that 25% of youth aging out of foster care will experience homelessness within 4 years, and calls on federal, state and local partners to work together to end homelessness. This has been an ongoing issue within the City for many years and these Vouchers will assist our most vulnerable homeless population.

## 1. ELIGIBILITY

The Tenant Protection Voucher (TPV) Initiative provides rental assistance to youth age 18 to 24 years of age. Rental assistance will be provided for a maximum 36-month period, during which time, program participants will be offered a wide range of services to prepare them for independent living. Youth who have left foster care or will leave foster care within 90 days are eligible for participation. Rental assistance is also available to youth who are homeless or at risk of being homeless at age 16 years or older. Supportive services will be offered to all youth during the 36-month period of rental assistance; however, eligible youth cannot be required to accept these services as a condition of receipt of a Voucher. The LHA must receive written documentation from DCF that all youth referred for assistance are homeless or at risk of becoming homeless. Eligibility is not limited to single persons. Pregnant and parenting youth are eligible to receive assistance under this program.

## 2. REFERRALS, ASSESSMENT, PROGRAM REQUIREMENTS AND ADMINISTRATION

The LHA will accept referrals of eligible youth from DCF. DCF will establish a system for identifying eligible youth within their client database and may also accept referrals from the LHA and the CoC. DCF will create a system for prioritizing eligible youth for participation in the program. DCF will send a written referral to the LHA that a client has been screened and deemed eligible for a Tenant Protection Voucher under the Foster Youth to Independence Initiative. DCF has committed to providing supportive services for a period of 36 months.

These services include basic life skills and money management, use of credit, general housekeeping, counseling on lease compliance and educational and career advancement.

Once an eligible youth has been referred, the LHA will submit the name and referral letter to HUD with the Foster Youth to Independence Initiative Program application. Upon receiving approval, a preliminary application for the Housing Choice Voucher

(HCV) Program will be accepted and the applicant will be placed on the Housing Choice Voucher Waiting list. The LHA may admit youth that are not on the waiting list, or without considering the applicants waiting list position. Documentation will be placed on file indicating that the applicant was admitted with HUD-targeted assistance. The LHA will then determine if the applicant meets the eligibility criteria for the Housing Choice Voucher Program.

While receiving rental assistance, the LHA will maintain a special program code for Foster Youth to Independence program participants. Program code "FYITPV" will be entered in line 2n of the HUD Family Report (HUD 50058). The LHA will record the date of voucher issuance, date of admittance to the program and expiration of the voucher on line 2a of the report.

The LHA has entered into a Memorandum of Understanding with DCF and the City of Lowell CoC (Attachment 1). In addition, the LHA has entered into a Memorandum of Understanding with Community Teamwork, Inc. (Attachment 2). Both documents outline a working relationship between all parties to promote the successful implementation and administration of the Tenant Protection Vouchers for the Foster Youth to Independence Initiative. The DCF Memorandum of Understanding outlines the referral process and the provision of services.

Should a youth fail to use the Voucher, the LHA may issue the Voucher to another eligible youth, if one has been identified. In addition, upon completion of the 36-month rental assistance period, or at the time a youth leaves the program, the Voucher may be issued to another eligible youth. In both instances, if an eligible youth has not been identified, the LHA must notify HUD, and the LHA's HCV baseline inventory will be reduced by the number of unissued FYITenant Protection Vouchers.

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## **Moving On preference attachment**

### **CHAPTER 24**

#### **24.1 NED- DESIGNATED HOUSING AND ONE-YEAR MAINSTREAM PROGRAM**

##### **24.1.1 Overview**

The Designated Housing program (DSG) assists non-elderly families where either the head, spouse, or co-head is disabled. The One-Year Mainstream Housing Program (MS1) provides Section 8 housing assistance to very low-income non-elderly families with disabilities.

NED (MS1 and DSG) vouchers are subject to MTW policies.

##### **24.1.2 Eligibility**

At least one person in the household must have a disability. The disabled household member must be the head of household, co-head, or spouse. A household where a child under the age of 18 is the only family member with a disability is not eligible for this program.

DHCD's designees will verify an applicant's disability status for purposes of determining program eligibility in accordance with CHAPTER 6.

##### **24.1.3 Waiting List Management and Selection**

New increments of targeted vouchers must be issued to the target population specified in the Notice of Funding Availability. Upon turnover, DHCD's designees will issue NED turnover vouchers to eligible, non-elderly disabled households selected from their regional standard HCV waiting list.

If a NED applicant moves out of the initial designee's region, DHCD must be notified and the allocation of vouchers will be adjusted between the initial and receiving designee in order to prevent over-issuance of NED vouchers.

##### **24.1.4 Services**

Each designee must provide applicants with housing search assistance that includes, at a minimum: a list of available units in the area. Applicants may utilize the designee's Housing Consumer Education Center resources that include listings of available units, a computer to access listings on the internet, local newspapers, and a telephone.

#### **24.2 FIVE-YEAR MAINSTREAM HOUSING PROGRAM (MS5)**

##### **24.2.1 Overview**

The Mainstream Five Housing Program (MS5) provides Section 8 housing assistance to very low income families that include a person with disabilities who is at least 18 and less than 62 years of age. Upon turnover, a MS5 voucher must be reissued to the next family that includes at least one non-elderly (at least 18 and less than 62 years of age) person with disabilities.

MS5 vouchers are not classified as NED vouchers and are not subject to MTW policies (other than FSS MTW policies).

##### **24.2.2 Eligibility**

### **24.2.2.1 Disability Status**

This program serves very low-income families that include a person with disabilities who is at least 18 and less than 62 years of age.

DHCD's designees will verify the family's disability status for purposes of determining program eligibility. See CHAPTER 6.

### **24.2.3 Waiting List Management and Selection**

DHCD's designees will issue MSS turnover vouchers to eligible, disabled households selected from their regional standard HCV waiting list.

If an MSS applicant or participant moves out of the initial designee's region, DHCD must be notified and the allocation of vouchers will be adjusted between the initial and receiving designee in order to prevent over-issuance of MSS vouchers.

### **24.2.4 Services**

Each designee must provide applicants with housing search assistance that includes, at a minimum, a list of available units in the area. Applicants may utilize the designee's Housing Consumer Education Center resources that include listings of available units, a computer to access listings on the internet, local newspapers, and a telephone.

## **24.3 MAINSTREAM 2018 (MS2018}**

### **24.3.1 Overview**

MS2018 vouchers are subject to MTW policies.

### **24.3.2 Eligibility**

Vouchers must be used to assist non-elderly persons with disabilities and their families. The non elderly person with disabilities must be at least 18 years of age and less than 62 years of age. The eligible household member does not need to be the head of household . A household where a child under age 18 is the only family member with a disability is not eligible for this program.

DHCD's designees will verify an applicant's disability status for purposes of determining program eligibility in accordance with CHAPTER 6.

### **24.3.3 Waiting List Management and Selection**

New increments of targeted vouchers must be issued to the specific target population in the NOFA. Upon turnover, DHCD's designees will issue MS2018 turnover vouchers to eligible, non-elderly disabled households selected from their regional standard HCV waiting list.

For MS2018 vouchers, assistance is provided to the following populations<sup>1</sup>, in the order listed below:

1. Qualifying applicants who are in institutional or other segregated settings

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<sup>1</sup> As defined in HUD Notice of Funding Availability # FR-6100-N-43.



## 2. Qualifying applicants who are homeless

*Institutional or other segregated settings* include, but are not limited to:

1. congregate settings populated exclusively or primarily with individuals with disabilities;
2. congregate settings characterized by regimentation in daily activities, lack of privacy or autonomy, policies limiting visitors, or limits on individuals' ability to engage freely in community activities and to manage their own activities of daily living; or
3. settings that provide for daytime activities primarily with other individuals with disabilities.

*Homeless* means:

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
  - i. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;
  - ii. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, State, or local government programs for low-income individuals); or
  - iii. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;
2. An individual or family who will imminently lose their primary nighttime residence, provided that:
  - i. The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
  - ii. No subsequent residence has been identified; and
  - iii. The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;
3. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
  - i. Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 USC 5732a), section 637 of the Head Start Act (42 USC 9832), section 41403 of the Violence Against Women Act of 1994 (42 USC 14043e-2), section 330(h) of the Public Health Service Act (42 USC 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 USC 2012), section 17(b) of the Child Nutrition Act of 1966 (42 USC 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 USC 11434a);
  - ii. Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
  - iii. Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; and
  - iv. Can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical health or mental health conditions; substance addiction; histories of domestic violence or childhood

abuse (including neglect); the presence of a child or youth with a disability; or two

or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment; or

4. Any individual or family who:

- i. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
- ii. Has no other residence; and
- iii. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing.

#### **24.3.4 Support Services**

At the briefing, each applicant will be offered a list of contacts at the human service agencies in their region. This list should include staff that can:

- Assist in identifying supports for individuals with psychiatric disabilities including those who have mental health illnesses but may not be eligible for DMH programs.
- Assist in identifying supports for individuals with mental retardation including community based supports.
- Assist in identifying detoxification , treatment, and support programs for people with substance abuse problems.
- Make referrals to resources that support people with HIV/AIDS including housing search services, specialized health services, support groups, meals programs and others.
- Assist in providing referrals for vocational rehabilitation programs for individuals with any type of disability who would like to go to work.
- Direct individuals to home care assistance, personal care assistance, home modifications, and independent living supports.

Participants will be encouraged to review the list and to contact any agency if they feel they need or want any support services. DHCD's designees will use the list as needed to make referrals if requested by participants and also to obtain advice from a human service professional if needed.

#### Housing Search

Each designee must provide applicants with housing search assistance that includes, at a minimum: a list of available units in the area. Applicants may utilize the designee's Housing Consumer Education Center resources that include listings of available units, a computer to access listings on the internet, local newspapers, and a telephone.

### **24.4 FAMILY UNIFICATION PROGRAM**

#### **24.4.1 Overview**

The Family Unification Program (FUP) is a collaborative effort between the DHCD and the Department of Children and Families (DCF). The FUP targets:

- (1) families with children in placement who have substantially complied with all the DCF service plan tasks, but do not have permanent or adequate housing to which their children can be returned,
- (2) families for whom lack of adequate housing is the primary factor in the threat of or imminent placement of the family's child, or children in out of home care,
- (3) survivors of domestic violence with their children who have not secured permanent, standard, replacement housing, and
- (4) youth ages 18 to 24 who are homeless or at risk of being homeless, those who left foster care at age 16 or older, or those who are within 90 days of leaving foster care.

All applicants must be referred by DCF and have an open DCF case at the time of referral, at the time of application, at the time of selection, and when the voucher is issued.

FUP vouchers are non-MTW vouchers to which MTW efficiencies (including FSS policies) are applied.

#### **24.4.2 Eligibility**

A FLIP-eligible family is one that:

- DCF has certified is a family for whom the lack of adequate housing is a primary factor in the imminent placement of the family's child, or children, in out-of-home care, or in the delay of discharge of a child or children, to the family from out-of-home care; and
- Has substantially complied with all DCF service plan tasks and the lack of adequate housing is either the only remaining barrier to unification or will be the primary cause for imminent placement of the children in out of home care; and
- DHCD's designee has determined is eligible for Section 8 rental assistance.

A FLIP-eligible youth is defined as:

- A youth age 18 to 24 who is homeless or at risk of being homeless, who left foster care at age 16 or older, or who is within 90 days of leaving foster care. For the purpose of defining "at risk of being homeless," DHCD uses the definition of at risk of homelessness at 24 CFR 576.2; and
- That DHCD's designee has determined is eligible for Section 8 rental assistance.

#### **Lack of Adequate Housing**

Lack of adequate housing means one or more of the following:

1. A family or youth is living in substandard or dilapidated housing.
2. A family or youth is homeless.

3. A family or youth is in imminent danger of losing their housing. A family or youth is considered to be in imminent danger of losing their housing if the family or youth will be evicted within a week from a private dwelling unit, no subsequent residence has been identified, and the family or youth lacks the resources and support networks needed to obtain housing.
4. A family or youth is displaced by domestic violence.
5. A family or youth is living in an overcrowded unit.
6. A family or youth is living in housing not accessible to the family's disabled child or children, or to the youth, due to the nature of the disability.

### Substandard Housing

A family or youth is living in substandard housing if the unit:

1. Is dilapidated ("dilapidated" means the unit does not provide safe and adequate shelter, and in its present condition endangers the health, safety or well-being of a family or youth, or the unit has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding. The defects may involve original construction, or they may result from continued neglect or lack of repair, or from serious damage to the structure);
2. Does not have operable indoor plumbing;
3. Does not have a usable flush toilet inside the unit for the exclusive use of a family or youth;
4. Does not have a usable shower or bathtub inside the unit for the exclusive use of a family or youth;
5. Does not have electricity or has inadequate or unsafe electrical service;
6. Does not have a safe or adequate source of heat;
7. Should, but does not have a kitchen; or
8. Has been declared unfit for habitation by an agency or unit of government.

Applicants living in substandard housing must provide certification from a unit or agency of government that the applicant's unit has one or more of the deficiencies listed above or the unit's condition is as described above.

### Homeless

A "homeless family" includes any person (including a youth) or family that lacks a fixed, regular, and adequate nighttime residence and has a primary nighttime residence that is:

1. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing);
2. An institution that provides a temporary residence for persons intended to be institutionalized; or
3. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Homeless applicants who meet the requirement for "imminent danger of losing their housing" must provide the following:

- Documentation from an appropriate source (e.g. present or prior landlord, unit or agency of government, social service agency) that the applicant is in imminent danger of losing housing, or has lost housing and is temporarily doubled up; and

- If homelessness is due to fire, and a member of the household caused or contributed to the fire due to negligence or an intentional act, the family is not eligible for a preference.

Applicants who meet the above criteria for "Homeless" must provide certification of homeless status from a public or private facility that provides shelter for such households, or from the local police department or social service agency.

Applicants who are homeless due to residing in a transitional housing program must provide a letter from the transitional program's sponsoring agency documenting the applicant's participation and readiness to maintain an independent tenancy. If an applicant reaches the top of the waiting list prior to completing the transitional program, they will be frozen upon selection from the waiting list until such time as they successfully complete the program or choose to leave the program. The applicant will then be issued the next available voucher if they are eligible.

#### Displaced by Domestic Violence

A family or youth is displaced by domestic violence if:

- The family or youth has vacated a housing unit because of domestic violence; or
- The family or youth lives in a housing unit with a person who engages in domestic violence, or lives in a housing unit whose location is known to a person who has engaged in domestic violence, and moving from such housing unit is needed to protect the health or safety of the applicant family or youth.

"Domestic violence" means felony or misdemeanor crimes of violence committed by a current or former spouse of the survivor, by a person with whom the survivor shares a child in common, by a person who is cohabitating with or has cohabitated with the survivor as a spouse, by a person similarly situated to a spouse of the survivor under the domestic or family violence laws of Massachusetts, or by any other person against an adult or youth survivor who is protected from that person's acts under the domestic or family violence laws of Massachusetts.

For an applicant to qualify under this category the actual or threatened violence must have occurred recently or be of a continuing nature and the applicant must certify that the person who engaged in such violence will not reside with the applicant family.

#### Living in an Overcrowded Unit

A family or youth is considered to be living in an overcrowded unit if:

1. The family is separated from its child (or children) and the parent(s) are living in an otherwise standard housing unit, but, after the family is re-united, the parents' housing unit would be overcrowded for the entire family and would be considered substandard; or
2. The family is living with its child (or children) in a unit that is overcrowded for the entire family and this overcrowded condition may result in the imminent placement of its child (or children) in out-of-home care.
3. The youth is living in a unit that is overcrowded.

DCF occupancy standards will be used to determine whether the unit is overcrowded.

### **24.4.3 Outreach & Referrals**

DCF and DHCD will periodically conduct training sessions for all DCF staff to inform them of the purpose of the program, the availability of subsidy, and how to make referrals.

DHCD's designees will notify the DCF Central Office when it has FUP vouchers available to issue.

#### DCF Area Office Referrals to the FUP

DCF Area Offices will consult with the DCF Central Office before referring applicants to the FUP program. The DCF Central Office will ensure that the applicants being referred are FUP-eligible and then forward the Referral Form/Certification of Eligibility to DHCD's appropriate designee. The Central Office may also make referrals directly.

#### Housing Agency Referrals to DCF

If a Section 8 applicant appears to be FUP-eligible, DHCD's designees will refer the applicant to the DCF Central Office. DCF Central Office staff will make the referral if they are able to confirm FUP eligibility.

### **24.4.4 Waiting List Management & Selection**

Regional waiting lists are maintained by DHCD's designees. The waiting list will remain open for the purpose of accepting referrals only for families that DCF has certified are eligible to participate in the FUP.

DHCD's designees are responsible for a majority of admissions functions, including but not limited to: receiving referrals from DCF, entering data, maintaining and updating the waiting list, and mailings to applicants.

Due to limited availability and low turnover of FUP vouchers, referrals are received and placed on the waiting list only when FUP vouchers are available to issue. Applicants will be placed on the FUP waiting list by the date and time the referral is received. If the waiting list is open for DHCD's HCV program, the applicant will also be placed on that list if they are not already on it. If a referral is received by fax, the date/time that the fax was received will be used when entering the applicant onto the waiting list. If the referral is not faxed, it must be date-/time-stamped by DHCD's designee. Incomplete referrals will be returned to the DCF by the designee. An applicant will not be placed on the FUP waiting list until the referral is complete. If a designee receives a referral for an applicant who lives out of its region, the referral should be returned to the referring DCF office with instructions on where it should be sent.

#### Residency Preference

A regional residency preference for selection will be applied to all FUP applicants. The residency preference areas are the administrative areas of DHCD's designees.

Applicants are assigned a regional designation based on the address provided in the referral form.

If an applicant family is living in a shelter or other temporary residence, the location of their last permanent residence may be used for the purpose of establishing a residency preference. All applicant requests for a change of regional designation must be made in writing.

#### Selecting Applicants

Applicants will be selected in order by date of application with a regional ranking preference applied. When a FLIP subsidy is available in any regional DHCD jurisdiction, the first eligible applicant in that region will receive the subsidy. If there is no eligible applicant in that region, DHCD's designee will inform the DCF Central Office of the availability of a subsidy and request a referral. DCF and DHCD's designee will work closely regarding the disposition of all applications.

Any applicant who has been on the waiting list for more than 60 days will require re-verification of FLIP-eligible status from DCF Central Office prior to selection. If an applicant becomes ineligible while they are on the waiting list, DHCD's designee will remove the applicant from the FLIP waiting list and inform the applicant, in writing, of the denial by DCF and of their right to contact DCF for further information. The applicant will not be removed from any other waiting list that they may be on.

If the applicant is FLIP-eligible, DHCD's designee will select the applicant and require that they complete a detailed Section 8 application. The designee will perform a standard Section 8 eligibility check, as described in CHAPTER 4. Verification of preference/eligibility will be required in accordance with this plan.

When verification of eligibility is complete, DHCD's designee will conduct an applicant briefing and issue a FLIP voucher. DCF staff is encouraged to attend all Section 8-related functions with their clients and help them locate suitable and safe housing.

DHCD's designee will remain in close contact with the DCF Central Office regarding the status of each FLIP applicant throughout this process.

#### **24.4.5 Transfers and Portability**

##### **Moves Within Massachusetts**

If a FLIP applicant moves out of the initial designee's region, the applicant must be absorbed by the receiving designee with a FLIP voucher when one becomes available. If a FLIP voucher is not available, the receiving designee must bill the issuing designee until such time as a FLIP voucher is available. This procedure will prevent over-issuance of FLIP subsidies and will maintain the regional allocation.

##### **Moves Out of State**

In order for DCF to remain involved with the families accepted to the FLIP, portability out-of-state will not be permitted in the first year. On a case-by-case basis and in consultation with the DCF domestic violence unit, exceptions may be made for applicants admitted due to domestic violence.

#### **24.4.6 Appeals**

DHCD's designees are responsible for defending their eligibility decisions, pertaining to the family's eligibility for FLIP Section 8 rental assistance. Where an applicant's eligibility is denied, informal review procedures will be utilized and shall be as set forth in Section 16.1 Informal Reviews.

The DCF is responsible for defending its family eligibility determinations and a similar informal review procedure will be utilized.

#### **24.4.7 Ongoing Considerations**



The agency and individuals carrying primary responsibility for the provision of ongoing services to the family will be responsible to identify and access needed appropriate support services. The DCF will remain involved with families accepted to the program for a period of between six months and one year from the date of occupancy in order to provide supportive services and ensure that family stability is maintained in the new dwelling.

All FUP subsidies will be issued to other FUP-eligible applicants upon turnover.

DHCD's designees will participate in all required evaluations, and will be prepared to maintain additional data on these clients, as may be required by HUD and/or DCF.

After a subsidy is issued, DCF will inform DHCD's designee of any changes in the family's situation or composition, such as the permanent removal of children from the household.

#### **24.4.8 Affirmatively Furthering Fair Housing**

DHCD will administer its HUD Family Unification Program in accordance with all applicable Fair Housing and Equal Opportunity laws, HUD's Limited English Proficiency (LEP) guidelines, and in such a manner as to affirmatively further fair housing.

### **24.5 FAMILY UNIFICATION -ADOLESCENT OUTREACH PROGRAM**

#### Eligibility

A youth age 18 to 24 who is homeless or at risk of being homeless, who left foster care at age 16 or older, or who is within 90 days of leaving foster care. For the purpose of defining "at risk of being homeless," DHCD uses the definition of at risk of homelessness at 24 CFR 576.2.

Applicants must meet eligibility guidelines and be young adults ages 18 to 24 who:

- a) Are leaving DCF custody and not returning home;
- b) Have left DCF custody for independent living and are returning for Outreach Program support;
- c) Have signed a Voluntary Placement Agreement with DCF and will remain in agency care while pursuing their educational/vocational goals.

In addition to meeting one of the above eligibility criteria, young adults must:

- 1. Be employed or actively seeking employment, or have an income which is sufficient to pay the balance of the subsidized rent;
- 2. Agree to participate in the Outreach Program, and
- 3. Meet at least weekly with an Outreach worker to enhance money and home management skills, job maintenance skills, problem solving, and decision-making skills, etc.

Applicants must also meet Section 8 eligibility requirements including but not limited to income, eligible immigration status, and CORI status.

#### Referrals

The DCF AOP Coordinator will make all referrals. Referrals will be placed on the FUP waiting list.

#### Portability

Portability and moves out of state will not be permitted.

### Program Time Limit

By law, a FUP voucher issued under this program may only be used to provide housing assistance for the youth for a maximum of 36 months. Due to current DHCD HCV program preferences, youth assisted under the FUP-AOP cannot transition to its Section 8 HCV program at the end of the 36-month period. If program participants are not ready to assume the full costs of independence at the 36-month limit, DCF AOP staff will facilitate the transition of program participants at the end of this period to a more supportive setting.

## **24.6 HOUSING OPTIONS PROGRAM**

### **24.6.1 Overview**

The Housing Options Program (HOP) provides rental assistance and supportive services to disabled persons primarily in the greater Boston area who are homeless or at risk of homelessness. HOP is a collaborative effort of the DHCD and various departments and offices under the Executive Office of Health and Human Services (EOHHS).<sup>2</sup> Participating EOHHS agencies commit funds to support the lead service agency, JRI Health, which provides all applicant referrals and coordination of services for program participants.

HOP is an integral part of a continuum of care that provides permanent housing for homeless persons with disabilities who are ready to live independently. HOP is targeted to homeless persons moving out of transitional housing in order to make beds available within the homeless service system. This unique program combines 345 Section 8 vouchers with supportive services.

- Priority 1: Homeless disabled persons in transitional housing programs
- Priority 2: Homeless disabled persons in shelters, streets, or places not meant for human habitation
- Priority 3: Otherwise homeless disabled persons

For the purposes of the HOP Administrative Plan, an agency that is directly responsible for the provision of supportive services to a HOP participant is referred to as a "vendor." The vendors involved in HOP currently include: DMH, DDS, DPH-BSAS, MRC, HomeStart, EOEA, MassHealth, and JRI.

### Interagency Advisory Team

The Interagency Advisory Team (IAT) meets as needed and consists of representatives of DHCD, participating EOHHS agencies, HomeStart, JRI Health (JRI), Metro Housing|Boston, MassHousing, and representatives of non-profit housing and service agencies working with homeless people with disabilities. The IAT is responsible for the management of support services funding, the development of HOP policies and procedures, and the general oversight of the program.

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<sup>2</sup> Departments and offices under EOHHS include the Department of Developmental Services (DDS), the Department of Mental Health (DMH), the Department of Public Health (DPH), the Executive Office of Elder Affairs (EOEA), the Department of Veteran's Services (DVS), the Massachusetts Rehabilitation Commission (MRC), and the Department of Children and Families (DCF).

DMH, on behalf of all participating funding agencies, serves as the key agency responsible for the procurement and contracting with the Lead Service Agency (LSA). The LSA is responsible for the day-to-day HOP management.

As the LSA, JRI's overall role is to provide clients with the most direct access to services and housing, and to facilitate successful tenancies. For the majority of HOP participants, JRI conducts outreach, manages referrals, initiates intake and assessment, conducts eligibility screenings, secures housing search and counseling services, and provides overall case coordination, follow-up, and monitoring. JRI works closely with the DHCD regional administering agency, Metro HousingBoston, for housing referral, screening, administration, and placement. After securing housing placement, ongoing stabilization services are provided by a variety of vendors depending on the nature of the disability(ies) and the geographic location selected by the program participant. JRI assures each participant continued access to services via regular contact with vendors providing direct service. During their tenancy, program participants have direct access to JRI to provide them with any assistance they may need in obtaining services or in changing vendors.

## **24.6.2 Eligibility**

All HOP participants must meet each of the program eligibility criteria listed below.

### **24.6.2.1 Disability Status**

Either the head of household or spouse must have a primary disabling diagnosis in order to be eligible for HOP. Eligible diagnoses include:

- Primary disability of chronic mental illness as defined by eligibility criteria for DMH and eligible to receive services from DMH
- Primary disability which is HIV-related or has an AIDS diagnosis
- Primary disability of substance abuse, and receiving services from HomeStart or eligible to receive services from HomeStart
- Primary disability of developmental disability and eligible to receive services from DDS
- Persons residing in a long term care facility and eligible for a MassHealth 1915(c) HCBS waiver but were not eligible for Money Follows the Person (MFP)
- Persons residing in a long term care facility and not eligible for MFP or a HCBS waiver
- Persons living in the community and eligible for and receiving services through a HCBS waiver
- Otherwise disabled persons including people who meet the Section 8 definition of disability and are not currently a client of any state agency, or eligible for the services of any state agency (referred to as otherwise disabled)

### **24.6.2.2 Homeless or At Risk of Homelessness**

All applicants must be either homeless or at risk of homelessness as defined below. Substandard housing is included as a parameter for consideration as a homeless family.

### **24.6.2.3 Homeless**

A "homeless family" includes any person (including a youth) or family that lacks a fixed, regular, and adequate nighttime residence; and has a primary nighttime residence that is:

1. A supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing);
2. An institution that provides a temporary residence for persons intended to be institutionalized; or
3. A public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

### **24.6.2.4 At Risk of Homelessness**

The family must meet all three of the following criteria to be considered "at risk of homelessness":

1. The family is in imminent danger of losing housing, or has lost housing and is temporarily doubled up. A family is considered to be in imminent danger of losing their housing if the family will be evicted within a week from a private dwelling unit, no subsequent residence has been identified, and the family lacks the resources and support networks needed to obtain housing; and
2. Due to the health or environmental needs of the family there is no appropriate temporary shelter; and
3. Placement in another setting would endanger the health or safety of the family or the occupants of the shelter. Health or environmental needs of this type could apply to individuals with demanding medical needs, including: the elderly, the terminally ill, and individuals denied access to shelters due to a life-threatening illness or the need for a barrier-free environment.

Generally, transitional housing is considered by HUD to be of maximum 24-month duration. If an applicant is in transitional housing for a longer period, they must provide DHCD or its designee with the following additional information:

1. An explanation as to why they have been in transitional housing for an extended period; and
2. An explanation of when and under what circumstances they will lose the transitional housing.

Using this information, DHCD or its designee will make a determination as to the applicant's homeless status.

The Massachusetts Alternative Housing Voucher Program (AHVP) is defined as a transitional housing program. Therefore, AHVP participants meet this preference.

### **24.6.2.5 Verification Requirements: Homeless and At Risk of Homelessness**

Homeless applicants who meet the "homeless" criteria must provide certification of homeless status from a public or private facility that provides shelter for such households, or from the local police department or social service agency.

Applicants who are homeless due to residing in a transitional housing program must provide a letter from the transitional program's sponsoring agency documenting the applicant's participation and

readiness to maintain an independent tenancy. If an applicant reaches the top of the waiting list prior to completing the transitional program they will be frozen upon selection from the waiting list until such time as they successfully complete the program or choose to leave the program. The applicant will then be issued the next available voucher if they are eligible.

Homeless applicants who meet the "at risk of homelessness" criteria must provide the following:

- Documentation from an appropriate source (e.g. present or prior landlord, unit or agency of government, social service agency) that the applicant is in imminent danger of losing housing, or has lost housing and is temporarily doubled up; and
- Documentation from a physician or other licensed health professional that placement in another setting, such as a temporary shelter, would endanger the health or safety of the applicant or the occupants of the shelter.
- If homelessness is due to fire, and a member of the household caused or contributed to the fire due to negligence or an intentional act, the family is not eligible for a preference.

#### **24.6.2.6 Substandard Housing**

An applicant is living in substandard housing if the unit:

- Is dilapidated;
- Does not have operable indoor plumbing;
- Does not have a usable flush toilet inside the unit for the exclusive use of the family;
- Does not have a usable shower or bathtub inside the unit for the exclusive use of the family;
- Does not have electricity or has inadequate or unsafe electrical service;
- Does not have a safe or adequate source of heat;
- Should, but does not have a kitchen; or
- Has been declared unfit for habitation by an agency or unit of government.

For purposes of meeting "substandard" criteria, "dilapidated" means the unit does not provide safe and adequate shelter, and in its present condition endangers the health, safety or well-being of a family, or the unit has one or more critical defects, or a combination of intermediate defects in sufficient number or extent to require considerable repair or rebuilding. The defects may involve original construction, or they may result from continued neglect or lack of repair, or from serious damage to the structure.

The presence of lead paint in a building does not cause it to meet the definition of substandard housing.

#### **24.6.2.7 Verification Requirements: Substandard Housing**

Applicants living in substandard housing must provide certification from a unit or agency of government that the applicant's unit has one or more of the deficiencies listed above or the unit's condition is as described above.

#### **24.6.2.8 Need for Services**

All applicants must demonstrate a need for the services provided through HOP and be willing to accept those services.

### **24.6.3 Outreach**

The IAT assumes overall responsibility for directing outreach efforts. Each vendor conducts targeted outreach to transitional programs and shelters. Referrals from the general public are also accepted. JRI works with all applicants to ensure that they can conveniently access the program. JRI continually monitors outreach efforts to ensure that vendors are providing adequate assistance to clients in the preparation of the required application and necessary documentation.

### **24.6.4 Waiting List Management, Referrals, and Selection**

The HOP subsidies are allocated, as determined by the IAT, to a vendor committed to providing supportive services to each disability group. It is the responsibility of the IAT to establish a subsidy allocation plan and amend it as necessary.

#### **24.6.4.1 Vendor Waiting List Management**

There is a waiting list for each disability group consisting of prescreening applications collected by each vendor. Each vendor is responsible for establishing the policies and procedures that govern the management of their waiting list. However, applicants who meet the criteria for HOP Priority 1 are given a ranking preference over those who meet the criteria for HOP Priority 2 or 3. Applications will be selected from the vendor waiting list to be placed in the JRI referral pool in order to maintain an adequate number of completed applications in the referral pool.

#### **24.6.4.2 Referrals**

All HOP referrals are assessed for program eligibility by a HOP vendor or a local service provider before being sent to JRI. This assessment includes an evaluation of eligibility for HOP (i.e., housing status, income guidelines, and disability verification) and the completion of an intake assessment form.

JRI is responsible for establishing and maintaining a referral pool of already screened, eligible applicants for whom a completed application<sup>3</sup> and related documentation have been received by JRI and are thus ready for referral to Metro Housing|Boston when a subsidy becomes available. This referral pool will be organized chronologically by date received, within the three priorities. Vendors may consult with JRI to determine how many referrals to keep in the referral pool based upon historical attrition of their clients from the program. Each vendor will attempt to maintain the agreed-upon number of completed HOP applications in the JRI referral pool at any given time. When a subsidy becomes available, an appropriate referral will be made from JRI to Metro Housing|Boston from the JRI referral pool.

Metro Housing|Boston will enter all JRI referrals onto DHCD's waiting list/admissions tracking system by date/time the referral is received.

#### **24.6.4.3 Selection**

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<sup>3</sup> For purposes of the HOP Administrative Plan, a completed application includes: a pre-screening application, intake assessment form, signed Program Participation Agreement, signed CORI release, letter from service provider documenting applicant's housing status, and birth certificate or immigration documentation, and income verification documentation (e.g., letter from Social Security office, employment pay stubs, etc.).

When all eligibility verification is complete a subsidy is issued, all normal Section 8 procedures take place, beginning with a briefing session. Service providers are welcome to attend all Section 8 related functions with their clients and are encouraged to help them locate suitable and safe housing.

#### **24.6.4.4 Selection of the Designated Vendor for an Available Subsidy**

When a subsidy becomes available, JRI is responsible for designating which vendor may use this subsidy and notifying that vendor of the subsidy's availability. However, when a vendor becomes aware of a potential subsidy turnover, they are responsible for notifying JRI immediately.

#### **24.6.4.5 Selection when a Subsidy Becomes Available Upon Turnover**

Within 5 business days of a voucher becoming available, Metro HousingBoston notifies JRI by fax and phone of this availability. JRI is responsible for notifying the appropriate vendor of this availability. Within four business days of learning of the available voucher, JRI will review the HOP referral pool and determine the next appropriate applicant through the following process:

- JRI will review the referral pool to determine if the designated vendor who will use the available subsidy has any applicants in the pool. If so, the oldest application will be forwarded to Metro HousingBoston for review within five business days.
- If the designated vendor has no viable applicants in the JRI referral pool, the designated vendor has five business days to submit a referral (i.e. pre-screened application) to JRI. After completing the referral, the designated vendor has five additional business days to submit that referral's completed application to the JRI Referral pool for review. JRI will forward this completed application to Metro HousingBoston for review within five business days.
- If the designated vendor does not submit a completed application for an eligible candidate to JRI within the ten business days specified above, then JRI will select the oldest application from the JRI referral pool for any vendor who is 100% issued. JRI will forward this application to Metro HousingBoston for review within five business days.

#### **24.6.4.6 Selection of a Designated Vendor When the Subsidy is "On Loan"**

If the available subsidy is on loan from another vendor, and that vendor is currently 100% issued and would like to obtain the subsidy, then the available subsidy is returned to the original vendor at turnover.

If the available subsidy is on loan from another vendor, and that vendor is not fully issued, the available subsidy may continue to be used by the borrowing vendor.

### **24.6.5 Support Services**

Services are coordinated through the members of the IAT with oversight and case coordination provided by JRI.

#### **24.6.5.1 Initial Intake and Assessment**

The vendor or local service agency making the referral is also responsible for conducting an initial intake and assessment during the prescreening process. If necessary, JRI may choose to conduct a subsequent interview to determine the availability of support services. This assessment may

include a discussion of past tenancy-related problems and a review of available entitlements and support programs.

#### **24.6.5.2 Housing Search**

All selected participants will receive assistance with locating appropriate housing, initiating contact with property owners, and executing leases. This service is provided through an existing network of housing counseling contracts in the Greater Boston area. JRI is responsible for providing assistance with housing search for: MRC clients, persons living with HIV/AIDS, otherwise disabled persons, some DMH clients as agreed upon between DMH and JRI, and those persons with substance abuse issues through a subcontract with HomeStart. All other vendors, specifically DDS and the remaining DMH, are responsible for conducting their own housing search.

#### **24.6.5.3 Housing Stabilization**

Each vendor is responsible for providing housing stabilization services, such as budgeting, paying bills, lease compliance, and orientation to the community. JRI provides housing stabilization services to HOP participants living with HIV/AIDS, those who are otherwise disabled, and some DMH clients, as agreed upon between DMH and JRI. JRI also provides housing stabilization services to persons who have substance abuse issues through a subcontract with HomeStart. MRC and DDS, as well as the remaining DMH, are responsible for providing housing stabilization services to their consumers.

#### **24.6.6 Appeals**

Metro Housing Boston is responsible for defending its eligibility decisions, pertaining to the person's eligibility for HOP Section 8 rental assistance. Section 8 informal review procedures will be utilized.

JRI and the participating HOP vendors are responsible for making their consumers aware of the grievance procedure employed by that vendor. These grievance procedures should detail a mechanism for defending service eligibility determinations including informal review procedures.

#### **24.6.7 Portability**

##### Initial Year In-State Restriction

HOP applicants will be restricted to leasing within the Commonwealth of Massachusetts for their initial year in the program (see 24 CFR 982.353). After the initial year, HOP participants are free to lease outside of the Commonwealth. When such an out-of-state lease occurs, the participant will no longer be considered part of the HOP program and the subsidy will be available to re-issue provided that the receiving agency absorbs the voucher.

##### Transfers

If a HOP applicant or participant moves out of Metro Housing Boston's region, the receiving DHCD designee will administer the HOP voucher for as long as the participant remains in their region. In order for JRI to coordinate services, Metro Housing Boston and the receiving designee must immediately report all transfers to JRI, as well as to DHCD on the quarterly report.

When the transferring participant terminates from HOP, the receiving designee must inform Metro Housing Boston and JRI.

#### **24.6.8 Grant Compliance**



As the official applicant and recipient of HUD funding for HOP, DHCD maintains ultimate accountability to HUD for the successful administration of HOP including grant implementation and enforcement, as well as the final resolution of procedural and policy-related matters not specifically defined in statute or regulation. DHCD reserves the right to periodically conduct reviews and audits of participant client files as related to eligibility and housing contracts.

Each participating HOP agency agrees to respond to requests for data and/or information in a timely manner.

#### Reduction or Termination of Subsidies

DHCD reserves the right to reduce or terminate the number of Section 8 HOP vouchers made available through the HOP program under the following circumstances: 1) program outcomes are not satisfactory; 2) there is not a sufficient demonstrated need for the subsidies; 3) the program is not being administered efficiently or effectively; or 4) other problematic program issues arise.

#### Evaluation & Follow-Up

JRI and other vendors should conduct follow-up evaluations on all clients housed through HOP. The follow-up evaluations review the level of services the clients are receiving, their satisfaction and security in their home, and their ability to meet the terms of the lease, including the ability to financially maintain the unit. During the entire length of the participants' tenancy, they will have direct access to JRI to provide them with any assistance they may need in obtaining services or changing vendors.

JRI is responsible for ensuring that vendors or commissions conduct follow-up on their respective program participants to determine that they are receiving the appropriate level of services and if they are meeting the terms of the lease. JRI is also responsible for notifying the appropriate public or private agencies when services are not provided or are inadequate to meet the need of the client.

Metro Housing|Boston and JRI will participate in all required evaluations, and will be prepared to maintain additional data on HOP clients, as required by DHCD, HUD and/or participating EOHHS agencies.

### **24.7 TENANT-BASED VOUCHER PROGRAM FOR PERSONS WITH HIV/AIDS**

The Tenant-Based Rental Assistance Program (TBRA AIDS) assists individuals and families with HIV/AIDS by providing rental assistance and supportive services. JRI Health, as the lead service agency, provides intake, assessment, housing search, and critical linkages to other service providing agencies throughout the Commonwealth. Supportive services may include: assistance finding a suitable apartment; case management; substance abuse/relapse prevention support; coordinating home health services; home-based mental health support; housekeeping assistance; and help arranging respite care, day care, and transportation. All applicants must be referred by the JRI Health staff.

#### **24.7.1 Overview**

This program utilizes tenant-based Section 8 vouchers and is administered throughout the Commonwealth by DHCD's Section 8 designees. TBRA AIDS is an integral part of the Commonwealth's housing continuum that provides permanent housing for persons with disabilities.

The Department of Public Health uses Housing Opportunities for Persons with AIDS (HOPWA) funds to support a lead service agency, JRI Health, which provides intake, assessment, and linkages to other service providing agencies throughout the Commonwealth. Persons accepted into the program also receive supportive services from local AIDS service organizations, including housing search, case management, substance abuse and relapse prevention support, mental health support, housekeeping assistance, and assistance in arranging for respite care, day care, and transportation.

#### **24.7.2 Eligibility**

##### Disability Status

At least one person in a household must be diagnosed with AIDS or disabled due to HIV. JRI will determine through a physician's certification that a person meets the eligibility criteria.

##### Supportive Services

All TBRA AIDS applicants must be able to utilize supports and/or services provided by local AIDS service organizations, which will screen applicants and conduct intake interviews.

#### **24.7.3 3 Outreach**

DHCD's designees, JRI, and the local AIDS service organizations will all conduct outreach to local AIDS organizations and/or local substance abuse programs to identify eligible applicants for the TBRA AIDS program.

#### **24.7.4 Waiting List Management & Selection**

JRI will accept referrals from the local AIDS service organizations and others. JRI will place these referrals on a TBRA AIDS waiting list specific to each DHCD designee and the corresponding geographic region.

When a TBRA AIDS voucher is available to issue, DHCD's designee will contact JRI for a referral. The designee will place the referral on the TBRA AIDS waiting list/admissions tracking system by the date and time the referral is received. Incomplete referrals will be returned to JRI.

#### **24.7.5 Services**

Either the local AIDS service organization or JRI, through the Community Housing Innovations Program (CHIP), will provide applicants with housing search assistance.

Each DHCD designee must provide applicants with housing search assistance that includes, at a minimum: a list of available units in the area. Where available, applicants will have access to DHCD's designees' Housing Consumer Education Centers, which provide assistance in housing search and contain listings of available units, a computer to access listing on the Internet, local newspapers, and telephone participants can use during housing search.

#### **24.7.6 6 Appeals**

DHCD's designees are responsible for defending its decisions pertaining to the person's eligibility for TBRA AIDS Section 8 vouchers. See CHAPTER 16.

JRI and the local AIDS service organizations are responsible for informing applicants of the grievance procedure employed by their respective agencies. These grievance procedures should detail a mechanism for defending service eligibility determinations including informal hearing procedures.

#### **24.7.7 Portability**

##### Initial Year In-State Restriction

TBRA AIDS applicants will be restricted to leasing within the Commonwealth of Massachusetts for their initial year in the program (see 24 CFR 982.353). After the initial year, TBRA AIDS participants are free to lease outside of the Commonwealth. When such an out-of-state lease occurs, the participant will no longer be considered part of the TBRA AIDS program and the subsidy will be available to re-issue provided that the receiving agency absorbs the voucher.

##### Transfers

If a TBRA AIDS applicant or participant moves out of the initial designee's region, the applicant or participant must be absorbed by the receiving designee with a TBRA AIDS voucher if one is available. If a TBRA AIDS voucher is not available, the receiving designee will temporarily add one TBRA AIDS voucher to its allocation. The initial designee will simultaneously lose one TBRA AIDS voucher from its allocation. In order for JRI to coordinate services, the initial and receiving designees must immediately report all transfers to JRI, as well as to DHCD on the quarterly report.

When a TBRA AIDS voucher becomes available at the receiving designee, the receiving designee must inform the initial designee and JRI. Both the initial and receiving designees will return to their original allocations.

#### **24.7.8 Reduction or Termination of Subsidies**

DHCD reserves the right to reduce or terminate the number of Section 8 TBRA AIDS vouchers made available through the TBRA AIDS program, under the following circumstances: 1) program outcomes are not satisfactory; 2) there is not a sufficient demonstrated need for the subsidies; 3) the program is not being administered efficiently or effectively; or 4) other problematic program issues arise.

### **24.8 RAISING THE NEXT GENERATION**

#### **24.8.1 Overview**

The Raising the Next Generation Program (RNG) provides 50 Section 8 vouchers to very-low income persons responsible for raising grandchildren under the age of 18 in the Metropolitan Boston area. The RNG program is targeted to those families who can live independently within the community, but, due to their unique family composition, may need special support services, designed for both elderly persons and young children, in order to achieve and maintain successful tenancies. DHCD's designee, Metro Housing|Boston, is directly responsible for administering the Section 8 vouchers and connecting participants to supportive services, when necessary and requested.

#### **24.8.2 Eligibility**

Applicant families must include at least one dependent. For the purposes of the RNG program, a dependent is defined as a person, other than the family head of household or spouse, who is under the age of 18.

For the purposes of the RNG program, the dependent may not be the biological child of the head of household. Adoptive children will not be allowed except for those that are part of a kinship adoption.<sup>4</sup> Foster children will not be allowed except for those that are kinship care placements within the Massachusetts Department of Children and Families (DCF) system.

To be an RNG eligible family, the head of household must have physical custody of a dependent who will reside with the head of household. The custody must be of an indefinitely extending term. Custody will be established by:

- Permanent legal custody; or
- Court-appointed custody; or
- Documented and verified residence with the head of household for at least one year, or since birth (for children under the age of one year).

Custody must be verified by:

1. *One* of the following forms of documentation:

- Probate court records
- Juvenile court records
- Adoption decree
- Records from DCF regarding foster-adopt/adoption finalization
- Records from DCF regarding foster care/kinship placement

**OR**

2. *Two or more* forms of the following documentation:

- Massachusetts Department of Transitional Assistance records
- Social Security Administration records
- Massachusetts Department of Public Health records regarding Mass Health or Medical Security plan
- Tax records
- School records
- Letter from private adoption agency or attorney citing kinship adoption finalization

Those applicant families that are comprised of three or more intact familial generations must be required to provide multiple pieces of documentation.

### **24.8.3 Outreach**

Metro Housing|Boston, through its Housing Consumer Education Center (HCEC), will recruit applicants who are seeking housing counseling or who are referred directly by DHCD. Once a

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<sup>4</sup> Kinship adoption is defined as a permanent kinship arrangement under which a relative has become the primary caregiver to a child by legal adoption .

household has been identified as potentially RNG-eligible, the HCEC staff will send an RNG referral to the leased housing department for placement on the RNG waiting list.

#### **24.8.4 Waiting List Management & Selection**

##### Waiting List Management

The RNG waiting list will be maintained as a subset of Metro Housing|Boston's HCVP Section 8 waiting list/admissions tracking system and will be maintained by Metro Housing|Boston. The date and time of Metro Housing|Boston's leased housing department's receipt of the completed referral form from the HCEC will be used when determining the applicant's position on the RNG waiting list. Due to the limited number of RNG subsidies available, the number of referrals placed on the RNG waiting list will be restricted to 25 while the allocation of RNG vouchers is fully utilized.

##### Selection

Selection will be based on date and time of referral.

Upon selection from the RNG waiting list, Metro Housing|Boston will conduct a complete Section 8 eligibility screening including: completion of a Section 8 application, verification of family composition, household income, eligible immigration status of each household member, and a CORI check on each adult household member. In addition, prior rental assistance participation will be verified to determine if the prior participation ended in good standing.

#### **24.8.5 Appeals**

Metro Housing|Boston is responsible for defending its decisions pertaining to the person's eligibility for RNG Section 8 rental assistance. See CHAPTER 16.

#### **24.8.6 Portability**

##### Initial Year In-State Restriction

RNG applicants will be restricted to leasing within the Commonwealth of Massachusetts for their initial year in the program (see 24 CFR 982.353). After the initial year, RNG participants are free to lease outside of the Commonwealth. When such an out-of-state lease occurs, the participant will no longer be tracked as part of the RNG program and the RNG voucher will be available to re-issue provided the receiving agency absorbs the voucher.

##### Transfers

If an RNG applicant or participant moves out of Metro Housing|Boston's region, the receiving DHCD designee must absorb the participant with an HCVP voucher if one is available. When such an out-of-region lease occurs, the applicant or participant will no longer be tracked as part of the RNG program and the RNG voucher will be available to re-issue provided the receiving designee absorbs the voucher.

#### **24.8.7 Changes in Family Composition**

After a subsidy is issued, but prior to the applicant family leasing, if there is a change in the family composition, it must be reported to Metro Housing|Boston leased housing staff. If the change in the family's situation or composition is the permanent removal of the child(ren) from the household, the family will be denied eligibility and will not be allowed to lease a unit.

If there is a change in the participant family composition that makes the family ineligible for the RNG program after the household has leased a unit under the RNG program, Metro Housing|Boston will make an effort to absorb the current voucher into its conventional Section 8 voucher portfolio. If Metro Housing|Boston is successful at absorbing this subsidy, an RNG voucher will be made available to another RNG-eligible family. If there is no current subsidy available, the participant will retain the RNG subsidy until a regular voucher becomes available.

#### **24.8.8 Terminations**

Terminations will be processed in accordance with HUD and DHCD requirements for the Section 8 HCVP as described in 24 CFR Section 982 Subpart (L) and this Administrative Plan.

#### **24.8.9 DHCD Program Oversight**

DHCD reserves the right to waive any RNG eligibility criteria and/or RNG program policies if needed. DHCD also reserves the right to periodically conduct reviews and audits of participant client files as related to eligibility and housing.

#### **24.8.10 Reduction or Termination of Subsidies**

DHCD reserves the right to reduce or terminate the number of Section 8 RNG vouchers made available through the RNG program under the following circumstances: 1) the program outcomes are not satisfactory; there is not a sufficient demonstrated need for the subsidies; 2) the program is not being administered efficiently or effectively; or 3) other problematic program issues arise.

### **24.9 VETERANS HOUSING VOUCHER PROGRAM**

#### **24.9.1 Overview**

This program is administered in cooperation with the Department of Veterans Affairs (VA), and assists homeless veterans with disabilities and/or severe psychiatric and/or substance abuse disorders. Services may include: housing search assistance; community-based management services and outpatient health services. Not all applicants may receive services. Application is by referral only from the VA Medical Centers (VAMC), the Massachusetts Department of Veterans' Services, and the Department of Veteran's Services provider agencies.

The Veterans' Housing Voucher Program (VHVP) has a limited number of Section 8 vouchers available for very low-income, homeless veterans with disabilities or psychiatric or substance abuse disorders.

VHVP vouchers are subject to MTW policies.

#### **24.9.2 Eligibility**

Applicants must meet all of the following:

##### **24.9.2.1 Veteran**

An applicant must be an honorably discharged veteran.

##### **24.9.2.2 Homeless**

An applicant must have been either living in a shelter, in a transitional housing program, or on the street for at least 30 days.

#### **24.9.2.3 Disability or Psychiatric or Substance Abuse Disorder**

- An applicant must have a disability which can be verified in accordance with CHAPTER 6; or
- Applicants must be diagnosed with either a psychiatric or substance abuse disorder; and
- Applicants must be psychiatrically stable with no incidence of violence within the past year.

#### **24.9.2.4 Verification of Eligibility**

Veterans' service providers are responsible for ensuring that all referrals to the VHVP meet these eligibility criteria at the time of referral. Upon selection from the waiting list, DHCD's designee will verify eligibility for all other Section 8 requirements. Due to the length of time an applicant may be on the waiting list, the designee may need to reconfirm eligibility with the referring agency.

#### **24.9.3 Outreach & Referrals**

DHCD or its designee will conduct outreach to regional Veterans' Services Providers when vouchers are available and there are an insufficient number of applicants on the VHVP waiting list.

Admission to this program is by referral only from the Massachusetts Department of Veterans ' Services, the VA Medical Centers, and Department of Veterans' Services provider agencies such as the Veterans Benefits Clearinghouse, Inc. and the New England Shelter for Homeless Veterans. These agencies must refer VHVP-eligible applicants to the appropriate regional DHCD designee by submitting a "Referral Form/Certification of Eligibility."

#### **24.9.4 Waiting List Management & Selection**

A regional VHVP waiting list is maintained by each DHCD designee. Applicants are placed on the VHVP waiting list by the date and time the referral is received. If a referral is received by fax, the date/time that the fax was received may be used when entering the applicant onto the waiting list. Incomplete referrals will be returned to the referring agency by DHCD's designee. An applicant will not be placed on the VHVP waiting list until the referral form is complete.

Due to the limited number of VHVP subsidies available, the number of referrals placed on a regional waiting list will be restricted to 25. If the regional maximum has been reached, the designee's waiting list manager will return the referral form to the provider agency and will not place the applicant on the waiting list. If a designee receives a referral for an applicant that lives outside of its region, the referral should be returned to the referring agency with instructions on where it should be sent.

If a VHVP voucher is available and there are no applicants on the VHVP waiting list, the designee may issue the voucher to the next eligible applicant on the designee's HCVP waiting list. The designee must track these vouchers and make a VHVP voucher available when a VHVP eligible applicant is referred.

#### **Housing Search**

DHCD's designees will refer applicants to its regional Housing Consumer Education Center (HCEC) to assist in housing search. Where available, applicants will have access to the HCEC's resource

room, which provides listings of available units, a computer to access listings on the internet, local newspapers, and a telephone applicants can use during housing search.

#### **24.9.5 Appeals**

Appeal procedures will be utilized as set forth in CHAPTER 16.

#### **24.9.6 Portability**

##### Initial Year In-State Restriction

VHVP participants must reside in Massachusetts for their initial year in the program.

##### Transfers

If a VHVP applicant or participant moves out of the initial designee's region, the applicant or participant must be absorbed by the receiving designee with a VHVP voucher if one is available. If a VHVP voucher is not available, the receiving designee will temporarily add one VHVP voucher to its allocation. The initial designee will simultaneously lose one VHVP voucher from its allocation.

When a VHVP voucher becomes available at the receiving designee, the receiving designee must absorb the participant and inform the initial designee. Both the initial and receiving designees will return to their original allocations. This procedure will prevent over-issuance of VHVP vouchers and will maintain regional allocations. The initial and receiving designees must report all VHVP transfers on the quarterly report.

#### **24.9.7 Reduction or Termination of Subsidies**

DHCD reserves the right to reduce or terminate the number of VHVP vouchers made available through the program under the following circumstances: 1) program outcomes are not satisfactory; 2) there is not a sufficient demonstrated need for the subsidies; 3) the program is not being administered efficiently or effectively; or 4) other problematic program issues arise.

#### **24.10 COMMUNITY CHOICE INITIATIVE**

Formerly known as the Boston Consent Decree, this Consent Decree requires appropriate actions to be taken to outreach to the under-served program-eligible Black population in the City of Boston.

#### **24.11 HOLYOKE CONSENT DECREE**

This Consent Decree requires appropriate actions to be taken to outreach to the under-served program-eligible Hispanic population in the City of Holyoke.

#### **24.12 PROJECT-BASED ASSISTANCE FOR PERSONS LIVING WITH HIV/AIDS**

##### **24.12.1 Overview**

The Project-Based Rental Assistance for Persons Living with HIV/AIDS Program (hereinafter referred to as "PBRA AIDS") provides Section 8 housing assistance to very low-income persons, who are either HIV positive, have AIDS, or at high risk for HIV infection and would benefit from HIV related counseling and services. This program is administered only in Boston. PBRA AIDS is an integral part of the Commonwealth's housing continuum that provides permanent housing for persons with disabilities.



<b>Project</b>	<b>Management</b>	<b>AIDS Service Organization</b>	<b>Unit No. &amp; Size</b>
Mass. Ave., Boston	Renwood PWA L.P.	AIDS Action	7 SRO
Edgewood, Roxbury	Renwood PWA L.P.	Dimock	13BR,24BR
Walnut, Roxbury	Renwood PWA L.P.	Dimock	82BR

Local AIDS service organizations (ASOs) provide intake, assessment, and linkage to other service providing agencies throughout the Commonwealth. Persons accepted into the program also receive supportive services from the ASOs including case management, substance abuse and relapse prevention support, mental health support, housekeeping assistance, and assistance in arranging for respite care, day care, and transportation.

## **24.12.2 Eligibility**

### **24.12.2.1 HIV/AIDS**

At least one person in a household must be either HIV positive or diagnosed with AIDS. The ASO is responsible for determining that a person meets the aforementioned eligibility criteria.

### **24.12.2.2 Supportive Services**

All PBRA AIDS applicants must be able to utilize supports and/or services provided by local ASOs, which will screen applicants and conduct intake interviews.

## **24.12.3 Ongoing Outreach**

DHCD's designee and the local ASOs will all conduct outreach to local AIDS organizations and/or local substance abuse programs to identify eligible applicants for the PBRA AIDS program.

### **24.12.4 Waiting List Management & Selection**

Each ASO will maintain the PBRA AIDS waiting list for their specific project site. When a vacancy becomes available the respective ASO will refer the applicant at the top of their waiting list to DHCD's designee. The designee will enter the referral onto DHCD's waiting list/admissions tracking system by the date and time the referral is received.

### **24.12.5 Appeals**

DHCD's designees are responsible for defending its decisions pertaining to the person's eligibility for the PBRA AIDS program. Section 8 appeal procedures will be utilized. See CHAPTER 16.

The ASOs are responsible for informing applicants of the grievance procedure employed by their respective agencies. These grievance procedures should detail a mechanism for defending service eligibility determinations including informal hearing procedures.

### **24.12.6 Grant Compliance**

Each designee must ensure that all PBRA AIDS units are filled by other eligible applicants upon turnover.

DHCD's designees will participate in all required evaluations, and will be prepared to maintain additional data on these clients, as required by HUD and/or DHCD.

DHCD is responsible for coordinating all contracts and contacts with HUD regarding the PBRA AIDS Program.

**From:** [Bowen, Joanna \(OCD\)](#)  
**To:** [Byron, Karen \(OCD\)](#)  
**Subject:** FW: Minutes and Concept Paper  
**Date:** Tuesday, September 14, 2021 9:24:15 AM  
**Attachments:** [Planning Group minutes 2021-09-01 \(003\).docx](#)  
[FY2021 NOFO Bonus Concept Paper Final.pdf](#)

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**From:** Bowen, Joanna (OCD)

**Sent:** Friday, September 3, 2021 3:45 PM

**To:** Alex Pratt <apratt@maldenredevelopment.com>; Alexander Guittarr (aguittarr@ywcanema.org) <aguittarr@ywcanema.org>; Alexia Layne-Lomon <alexia.laynelomon@bostonabcd.org>; Allison Lex <alex@actioninc.org>; Alonzo Dukes <adukes@mhsainc.org>; Amanda Berman <aberman@newtonma.gov>; Amanda Cook (acook@sevenhills.org) <acook@sevenhills.org>; Amanda Sagarin <asagarin@housingfamilies.org>; Amber Noyes <Amber.Noyes@mass.gov>; Andrew Pape (Andrew.Pape@mass.gov) <Andrew.Pape@mass.gov>; Angela Giordano <angela.giordano@pinestreetinn.org>; Annette Poirier <APoirier@mhsainc.org>; Antwan Steed (antwan\_steed@waysideyouth.org) <antwan\_steed@waysideyouth.org>; April Stevens <april.stevens@pinestreetinn.org>; Ashley Cruz <acruz@housingfamilies.org>; Bianca Jones-Ruiz <bianca@reachma.org>; Brevard, Alvina (OCD) <alvina.brevard@mass.gov>; Brian Neeley <Brian.Neeley@metrohousingboston.org>; Brielle Short (bshort@shcinc.org) <bshort@shcinc.org>; Brigham, Thomas (DPH) <Thomas.Brigham@mass.gov>; Bryna Davis <brynadavis@csninc.org>; Byron, Karen (OCD) <Karen.Byron@mass.gov>; Caitlin Golden <cgolden@mhsa.net>; Carina Pappalardo (Carina.pappalardo@psychologicalcenter.com) <Carina.pappalardo@psychologicalcenter.com>; Carl Howell (chowell@commteam.org) <chowell@commteam.org>; Carl.Baniszewski2@mass.gov; Carla Richards <carla.richards@bostonabcd.org>; Carlos Echevarria <cechevarria@bhchp.org>; Carlos Hernandez <chernandez@brooklinehousing.org>; Carolyn Lightburn <carolyn.lightburn@ci.everett.ma.us>; Cary Havey <chavey@capicinc.org>; Charles Bokor <Charles.Bokor@mass.gov>; Charles Horenstein <charles@harborcov.org>; Charyn Perdomo (charyn.perdomo@bostonabcd.org) <charyn.perdomo@bostonabcd.org>; Cheryl LaChance <clachance@wayfindersma.org>; Christine O'Connell <Coconnell@communityhealthlink.org>; Christopher Moskal <cmoskal@shcinc.org>; Christopher Samaras <csamaras@lowellma.gov>; Christopher Zabik (Christopher.Zabik@MassMail.State.MA.US) <christopher.zabik@mass.gov>; Claire Makrinikolas (CMakrinikolas@massgov.mail.onmicrosoft.com) <CMakrinikolas@massgov.mail.onmicrosoft.com>; Claudia Carias <claudia@harborcov.org>; Connie Donahue <Connie@chelmsfordha.com>; Connie Rocha-Mimoso <cmimoso@sevenhills.org>; Connor, Annmary <aconnor@glcac.org>; Cory Mills-Dick <cmillsdick@mhsainc.org>; Curley, Donna (OCD) <Donna.Curley@mass.gov>; Danielle DeMoss <danielle\_demoss@waysideyouth.org>; Danielle Ferrier <dferrier@headinghomeinc.org>; Danielle Osterman <dosterman@revere.org>; Darcie DeLuca <Darcie@respondinc.org>; Darlene Mathews <darlene@darlenemathewsinc.com>; David Parilla <dparilla@headinghomeinc.org>; David Tagliaferri <David.Tagliaferri@state.ma.us>; Deb Flanagan <dflanagan@city.waltham.ma.us>; Deb Heimel <deb@reachma.org>; dfondeur@glcac.org; Ditzah Wooden-Wade (ditzah.wooden-wade@mass.gov) <ditzah.wooden-wade@mass.gov>; Divya Chaturvedi <divya.chaturvedi@saheliboston.org>; Dottie Bailey <bailey@homestart.org>; Eben Forbes

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**Subject:** Minutes and Concept Paper

Happy Friday Afternoon Fellow CoCers!

Attached to this email you will find the minutes from the Planning Group meeting on 9/1/21.

Also you will find, as we talked about in that meeting, a one-page concept paper for those of you who would like to provide ideas for the types of projects that we can add to the NOFO application that if awarded will be procured after the announcements. There is a fairly short turn around time for this form as we want to present the ideas at the next Project Evaluation Committee meeting on Sept 14.

We will also be sending out a form shortly in order to get input from the large group to assist in completing the Consolidated NOFO Application.

*Joanna L Bowen*  
*CoC Grants Coordinator*  
*Division of Housing Stability*  
*MA Department of Housing and Community Development*  
[Joanna.Bowen@mass.gov](mailto:Joanna.Bowen@mass.gov)

## FY2021 NOFO Bonus Concept Paper

As you may know, since the Balance of State CoC is led by the MA Department of Housing and Community Development, we are bound by state procurement laws which can be a time-consuming process. To best be able to utilize both the bonus money and the DV bonus money attached to the NOFO we want to submit applications without named subrecipients then procure vendors for them when and if they are awarded. To that end, we want to make sure that we submit applications that best reflect the work that you, the people on the front lines, are most interested in doing. To be clear, this will just give us ideas as to the kind of projects to apply for. At the time of procurement, the process will be competitive. Responding to this concept paper is NOT a guarantee that your agency will be automatically assigned as the subrecipient. This opportunity is open to any agency serving the homeless population in the BoS CoC. You do not have to be a current subrecipient of CoC funds to respond. Please complete and return to [Karen.Byron@mass.gov](mailto:Karen.Byron@mass.gov) or [Joanna.Bowen@mass.gov](mailto:Joanna.Bowen@mass.gov) by close of business **September 10, 2021**.

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Agency Name:

Date:

Contact Name:

Contact Info:

Application for:    NOFO Bonus        DV Bonus

Component:        PH-PSH                    Joint TH-RRH                    PH-RRH

Population served:    Individual                    Families                    Both

Proposed number of Households served?                    Total Beds?

Brief Description of proposed project:

Proposed Budget (must be scalable):

Supportive Services

Leasing

Rental Assistance

Operating Costs

HMIS

Administration

Total Costs

If this project is funded and your agency is chosen as the subrecipient during the procurement process how soon do you foresee being able to fully execute the project after receiving the award?

## **Minutes, Balance of State Planning Group virtual meeting**

**September 1, 2021**

Alex Guitarr – YMCA of NE MA  
Allison Lex – Action, Inc.  
Alonzo -- MHSA  
Amanda Sagarin – Housing Families  
Amy Weatherbee – CTI  
Ann Sirois -- CTI  
Annette Poirier -- MHSA  
Annmary Connor – GLCAC  
Beatrice –  
Beverly Clark -- Needham  
Bianca Ruiz --  
Brian Neeley-Cruz, Metro Housing  
Brielle Short – SHC  
Carl Howell – CTI  
Carolyn Montalto – CDCW  
Charles Horenstein -- HarborCov  
Claire Makrinikolas – DVS  
Danielle Demoss – Wayside Youth  
Darcie DeLuca –  
Dayanara Fondeur -- GLCAC  
David Parilla – Heading Home  
Elise Ranger – Common Land Trust  
Erin George – Action, Inc.  
Erin Zwirko – Town of Arlington  
Erin Moriarty --  
Esther Rogers --  
Gretchen Arntz – Emmaus  
Iva Comey – Commonw. Land Trust  
James Salvador – BayCove  
Jen Beloff – Action, Inc.  
Jennifer Halstrom – DPH/BSAS  
Jesse French – HomeStart  
Jillian Nebesar, HAWC  
Jim Grasberger – Advocates  
Joanna Huntington – Bridgewell  
Joe Vallely – DMH  
Joyce Tavon – MHSA  
June Messina – House of Hope  
Kaitlyn Matthews – NAFI  
Kevin Hurley – City of Peabody  
  
Kourou Pich – HarborCOV  
Lauren Morton -- Somerville

Leslie Lawrence – Emmaus, Inc.  
Maria Carrasquillo – Wayside Youth  
Maria Davis – Pine St.  
Mark Dennis -- Vinfen  
Maryann Pulliam -- Malden  
Mary Giannette -- Heywood  
Mary Shannon Thomas – Lowell  
Max Agyei – SMOC  
Meaghan O'Donnell – Heading Home  
Miranda Allen – CTI  
Monica Regueiro – MHSA  
Monica Vaello -- CTI  
Nikia Bodden – The Second Step  
Nina Lordi – Community Day Center  
Paul Goldstein -- Sudbury  
Richard Hung – UMASS Boston  
Rita Paulino – VA  
Rita Shah – SAHELI Asian Families  
Rohey Wadda – SMOC  
Samantha Hernandez  
Sandy Guerrier – City of Lawrence  
Shaylyn Davis -- Sudbury  
Sheila Farrell – The Second Step  
Steve Wilkins – Common Land Trust  
Steven Jackson --  
Sue Buoncuore – JRI  
Sue Fink – City of Lawrence  
Susan Hooper – Emmaus  
Tamieka Thomas -- Bridgewell  
Tiffany Leung – City of Newton  
Troy Fernandes – Wayside Youth  
  
Melissa McWhinney -- DHCD  
Charley Bokor -- DHCD  
Joanna Bowen -- DHCD  
Kelly Schlabach -- DHCD  
Gordie Calkins -- DHCD  
Tyler McEachron -- DHCD  
Yolanda Ortiz – DHCD  
Laura Robertson – DHCD  
Tom Brigham -- DHCD  
Karen Byron – DHCD  
Tracy Prentiss – DHCD  
Andrew Pape -- DHCD



## **NOFO, FFY21**

The BoS CoC needs people to participate in the Ranking and Review Committee. It's a brief stint, but important, and it will allow your agency to fulfill its yearly participation requirement.

Annual Demand: This is the amount everyone has been anticipating. Different from past year is that the full amount of our renewals have been put into Tier 1. This doesn't mean that all the renewals will go into Tier 1 as a final matter; that will depend on how the Advisory Board decides.

Two bonus options. There are two bonuses this year: (1) a CoC bonus in the amount of \$1,024,727 for PSH, RRH, and TH/RRH, and (2) a DV bonus in the amount of \$2,554,594 for PSH, RRH, TH/RRH, supportive services, coordinated entry, and dedicated HMIS.

We need agency thoughts about what should go into these. We are working on a gaps analysis that looks at our data, but we still want provider thoughts about what is needed and what projects the CoC should be pursuing.

DHCD will not be doing procurement prior to the application but will be doing a procurement if any award is made. We do not have time before the NOFO submission deadline to do a procurement prior to submission. Along with these minutes you will find a 1-page Concept Paper. Please use this form to outline project proposals. We will base the new project applications in the NOFO based on what providers see as priorities within the CoC.

We will take input from all members of the CoC. If the bonus applications are funded, we will procure the project using information submitted by members of the CoC but it will still be a competitive process.

Can a committee be convened to review one-page submissions about what agencies would propose, and make decisions about what direction to go in for the bonus?

The Project Evaluation Committee has been reconfigured to address this issue.

One task of BoS Project Evaluation Committee is to establish the priorities for CoC.

Maybe the CoC can issue an RFI so that providers not currently funded by CoC can consider what bonus dollars might be used for, since the opportunity is available to anyone in the CoC, even those who have not been funded before. I am not sure what outreach has been done in the past for providers not yet associated with CoC, but we will be reaching out to them this year.

The Concept Paper sent with these minutes encourages agencies to provide concepts regardless of previous or current CoC funding.

The NOFO FFY21 calendar is attached at the end of these minutes. The calendar shows what needs to be done, who is responsible, when it is due, etc. The final project applications are due in esnaps by September 30. Contract managers will be reviewing the applications as they come in. The Ranking and Review groups will be created and will meet early in October. The Project Evaluation committee will meet and review the Ranking Scores determined by the ranking groups and will make recommendations to the Advisory Board as to the final ranking options. The Advisory Board will vote regarding ranking, that vote will be posted on our website. We are planning to submit to HUD on November 12<sup>th</sup>, 4 days before the deadline.

While all this is happening, we'll also be working on the collaborative application, and will be reaching out to partners with special expertise in domestic violence, youth and young adults, elderly and disabled housing, etc.

Changes in the Collaborative Application this year: Housing First is something HUD is pushing for again. If we can demonstrate that we have made Housing First a real priority in projects requesting renewal, that will strengthen number of points we can get. Thirty points are tied to our relationships with Housing Authorities and health care organizations. It would be helpful to think through the past year, what specific actions has your organization taken to work with LHAs and health care organizations, most particularly those tied to helping their homeless populations. If you have anything to share, please tell us. For example, have providers made special efforts to be sure clients have access to covid testing?

Racial disparity: The BoS has reconvened the racial equity committee because we want to assure racial equity in everything we do. HUD has increased the number of questions about this. We want to know about anything you have done regarding racial equity. If we can demonstrate that POC and people with lived experience are participating in BoS committees, provider's own organizations, as well as LGBTQ+ community we will gain more points.

Covid-19: How did we manage our approach to the pandemic? How did we ensure we were partnering and including the voice of those being affected?

ESG-CV: Those who worked in ESG-CV will be contributing. If you received ESG outside of DHCD ESG-CV funds, please let us know about those and how you used.

PIT: HUD asks us to commit ahead to doing a full sheltered and unsheltered PIT in 2022 and also a youth PIT.

Consolidation: The BoS CoC is open to consolidations this year. If you're interested in consolidating, make an appointment with Karen and the contract manager. It's easier this year than in years past – it can be done right within the NOFO.

E-snaps: If you need technical help with e-snaps or you need to create an account, reach out to Joanna Bowen, [Joanna.bowen@mass.gov](mailto:Joanna.bowen@mass.gov)

A list of contract managers for each of the projects is attached at the end of these minutes, including those brought over from North Shore.

## FY21 NOFO Calendar

<b>FY 2021 BoS CoC NOFO Response Timeline</b>				<b>08.31.21</b>
<b>Item</b>	<b>Dates in bold are required by the NOFA</b>	<b>Who Responsible</b>	<b>Done</b>	<b>Comments</b>
Complete				
In progress				
NOFA Release	08.18.21	HUD	X	
Applications available in e-snaps; instructions available at HUD Exchange	08.23.21	HUD	X	<a href="https://www.hud.gov/program-competition">CoC Program Competition   HUD.gov / U.S. Department of Housing and Urban Development (HUD)</a>
Review NOFA-relevant webinars as they become available	TBD	Interested parties		The BoS Team will notify the CoC
Applications in e-snaps ready for subrecipients	08.23.21	Joanna	X	
Meeting to review NOFA changes from previous years, what is new, CoC-required tasks, discuss reallocations proposed (if any), new projects, DV projects and the Ranking and Review Tool.	09.01.21	Full membership		This is part of the monthly CoC meeting.
Ranking and Review Groups created	09.17.21	Joanna and Karen		We will solicit partners during the monthly CoC meeting
Final project applications and all attachments due in esnaps	09.30.21	Project applicants		
Review applications	Ongoing as applications are submitted through final project application	Contract Managers		
Project Evaluation Committee	09.14.21	Committee, Joanna, and Karen		Meet to review Ranking tool and make updates.
<b>All Applications received by CoC</b>	<b>10.15.21</b>	<b>Project applicants</b>		<b>HUD requires 30 days before submission</b>
Training for Ranking and Review Groups	week of 10.11.21	Committee, Joanna, and Karen		
Ranking and Review Groups review applications	week of 10.18.21	Groups		

Advisory Board meets to review priority list options and vote on final priority listing	10.25.21	Advisory Board		
<b>All applications accepted or rejected by CoC</b>	<b>11.01.21</b>	<b>Advisory Board</b>		<b>HUD requires 15 days before submission deadline</b>
<b>Notification of acceptance, rejection or reduction of project applications in the Priority Listing in writing</b>	<b>11.01.21</b>	<b>Joanna and Karen</b>		<b>HUD requires 15 days before submission deadline</b>
Final Review of Consolidated Application	11.03.21	???		
Electronic vote to accept or reject the Consolidated Application, Priority Listing and Project Applications	11.09.21	Advisory Board		
<b>Full NOFA response available on CoC webpage and partner websites for public review</b>	<b>11.10.21</b>	<b>BoS CoC website, member websites</b>		<b>HUD requires 2 days before submission deadline</b>
Final Consolidated Application, Priority Listings and Project Applications with additional comments from public	11.12.21			
NOFA submitted	11.12.21			
<b>NOFA responses due</b>	<b>11.16.21</b>			

## FY21 CoC Contract Managers

MA-516 Coordinated Entry Grant	Charley Bokor
MA-516 Planning Grant	Karen Byron
HMIS Continuous Quality Improvement	Kelly Schlabach
HMIS Dedicated	Kelly Schlabach
Advocates Supported Housing Consolidation	Joanna Bowen
Chelsea-Revere Homeless to Housing	Joanna Bowen
Community Housing Initiative	Joanna Bowen
Disabled Family Leasing	Joanna Bowen
Greater Boston Mobile Stabilization Team	Joanna Bowen
Housing Pronto	Joanna Bowen
JRI Supportive Housing-Hope for Families Program	Joanna Bowen
LINCOLN ST	Joanna Bowen
Metrowest Leased Housing Consolidation	Joanna Bowen
Mystic Valley Homeless to Housing Consolidation	Joanna Bowen
NEW BEGINNINGS	Joanna Bowen
North Star Housing	Joanna Bowen
Respond PH-RRH DV Bonus	Joanna Bowen
Scattered Site Transitional Apartment Project	Joanna Bowen
Somerville Shelter Plus Care	Joanna Bowen
Somerville Stepping Stones	Joanna Bowen
TSS TH-RRH Combined	Joanna Bowen
Turn the Key	Joanna Bowen
VNEOC Campus Apartments	Joanna Bowen
VNEOC TH-RRH	Joanna Bowen
Wayside ShortStop Transitional Housing Program	Joanna Bowen
Aggressive Treatment and Relapse Prevention Program (ATARP)	Melissa McWhinney
Alternative House	Melissa McWhinney
Brookline Rental Assistance for the Chronically Homeless (BREACH)	Melissa McWhinney
Brookside Terrace S+C	Melissa McWhinney
Community Housing S+C	Melissa McWhinney
CTI PH-PSH for People Experiencing Chronic Homelessness	Melissa McWhinney
CTI Youth TH-RRH	Melissa McWhinney
Greater Boston Rental Assistance for the Chronically Homeless (GBREACH)	Melissa McWhinney
Greater Boston Sponsor Based S+C	Melissa McWhinney
Greater Boston Tenant Based S+C	Melissa McWhinney
HOAP S+C	Melissa McWhinney

Home Again/Fresh Start	Melissa McWhinney
Journey to Success	Melissa McWhinney
Julie House	Melissa McWhinney
LTLC PSH Program	Melissa McWhinney
North East Scattered Site Tenancy S+C	Melissa McWhinney
Pathfinder PH Program	Melissa McWhinney
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Proyecto Opciones	Melissa McWhinney
Tri-City Rental Assistance Project	Melissa McWhinney
YWCA Fina House Project	Melissa McWhinney

## MA-516 Massachusetts Balance of State Continuum of Care NOFO 2021 - Ranking and Review Process

The Balance of State Ranking process requires three separate sets of people to work in tandem. Small ranking groups use objective measures to establish a score for every project being ranked. The Project Evaluation Committee uses these scores and prepares recommendations to the Advisory board, who makes a final decision on ranking.

The ranking process and the tool used to establish the scores for ranking were carefully vetted with the provider community via the large planning group meetings on 11/7/18, 1/2/19, and 7/9/19. A [sample version of the tool](#) can be found at the end of this document.

The Project Evaluation Committee met on September 21, 2021 to review the tool and discuss the impact of the COVID-19 pandemic on CoC projects. Through this process, the Committee determined to give all applicants equal points in the Performance Measures for this year only and retained the remainder of the scoring criteria in the tool.

Project Applications were due to DHCD no later than 5:00 pm on October 07, 2021. Project ranking relied entirely on Project Applications, APR data extracted directly from the SAGE system, and fiscal data from DHCD. That information was packaged with the ranking tool and distributed to the small ranking groups on October 18, 2021 after members attended a Ranking Training webinar.

The small ranking groups, using the tool with [objective measures outlined below](#), worked independently to score the projects assigned to them. The small groups submitted final scores to the chair of the Project Evaluation Committee by October 22, 2021.

Once the Project Evaluation Committee receives the scores from the small scoring groups, they are responsible for developing no more than three recommended strategies for a final ranking to the advisory board. At least one strategy MUST be in the order of the scores, with the highest scoring project at the top and the lowest scoring project at the bottom. Projects receiving the same score will be ordered as outlined in the “[Breaking Ties](#)” section below.

- The Project Evaluation Committee MAY recommend a different strategy to the advisory board for final ranking in certain specific examples. They may recommend:
- Moving new project proposals lower in the ranking to preserve well-functioning renewal projects.
- Moving project expansion proposals next to, but lower in the ranking than the project they are expanding.
- Move individual projects in the ranking to adjust for exceptional circumstances that are outside the project’s or the project subrecipient’s or sponsor’s ability to address. Examples of this may include natural disaster or other unexpected / unpreventable loss of a large percentage of the project’s units.

On October 26, 2021, the Project Evaluation Committee met to review the projects as a whole and to assign ranking. All projects submitting applications in e-snaps were included in the ranking and will be attached to the CoC’s NOFO response.

After careful consideration, the Project Evaluation Committee prepared three options for the Advisory Board to consider. These recommendations took into consideration existing projects that are operating well and requesting expansion, as well as the value per household of new projects, specifically acknowledging projects that proposed a large number of units at a low per-household cost. The Advisory Board met on October 27, 2021 to consider the options, and after thoughtful review and discussion, it voted to accept one of the alternative options presented by the Project Evaluation Committee.

It was discovered later that day that the demarcation line between Tier 1 and Tier 2 had been placed in the wrong position on the form being used. While this did not affect ranking position, it did affect whether a project fell into Tier 1 or Tier 2. CoC staff immediately corrected the form and contacted Advisory Board members via a group email and telephone calls to take a second vote to accept or reject the revised Tier positioning. The Project Evaluation Committee was notified of this at the same time to ensure complete transparency. The subsequent Advisory Board vote on October 29, 2021 unanimously accepted the ranking in the corrected ranking form. [The final ranking](#) can be found below.

MA-516 Massachusetts Balance of State Continuum of Care  
NOFO 2021 - Ranking and Review Process

Objective Measures in the tool

There are four threshold criteria for the ranking process. Failure to meet these threshold criteria results in the project not being ranked by the small groups and reallocated. Those criteria are:

- Compliance with Coordinated Entry
- Documenting the minimum match
- Being an active member of the CoC (for renewal projects only)
- The application being complete and understandable.

All project proposals met the minimum threshold criteria this year and so were subsequently scored and ranked.

The objective measures from the tool and the points assigned them are outlined in the table below.

Performance Measures (max 40) ALL PROJECT RECEIVED FULL POINTS ON THIS CRITERIA	
% of participants successful in obtaining or retaining permanent housing (max 20)	
>90%	20 points
85%-90%	10 points
<85%	0 points
% of households served in comparison to those promised (max 10)	
>90%	10 points
85%-90%	5 points
<85%	0 points
% of persons served in comparison to those promised (max 10)	
>90%	10 points
85%-90%	5 points
<85%	0 points
Serving Vulnerable Persons (max 20)	
Chronic Homelessness – project designation (max 10)	
Dedicated	10 points
Dedicated Plus	10 points
Nor Dedicated	0 points
Does the project serve exclusively youth or those fleeing domestic violence (max 5)	
Yes	5 points
No	0 points
Is the Project “Housing First”? (max 5)	
Yes	5 points
No	0 points
Fiscal (max 15)	
Project billing submitted on time? (max 5)	
Consistently on time	5 points
Late one or two times	3 points
Late more than two times	0 points
Rental Assistance Project? (max 5)	
Yes	5 points
No	0 points
% of funds awarded that were reverted (max 5)	
Less than 5%	5 points
5% to 10%	3 points
10% to 15%	2 points
More than 15%	0 points
Compliance (max 30)	
Data Quality (max 10)	
1 point for each of select data elements with less than 10% null	Up to 10 points
APR submission (max 10)	
Submitted to DHCD on time	5 points
Submitted to DHCD late	0 points
Submitted to HUD on time	5 points
Submitted to HUD late	0 points
APR accepted by HUD	0 points
APR rejected by HUD	- 5 points
Monitoring (max 10)	
No findings, no concerns	10 points
No findings, some concerns, all resolved	8 points
1 or more findings, all resolved	5 points
Unresolved concerns	3 points
Unresolved findings	0 points



# MA-516 Massachusetts Balance of State Continuum of Care NOFO 2021 - Ranking and Review Process

## **Breaking Ties**

Projects will sometimes receive the same score. In those cases ties will be broken in the following way to determine which project is placed higher than the other in the ranking.

- Where the projects receiving the same score are different project types, projects will be prioritized in the following order:
  - HMIS
  - Coordinated Entry
  - Permanent Supported Housing
  - Permanent Housing / Rapid Rehousing
  - Joint Transitional Housing / Rapid Rehousing
  - Transitional Housing
  - Supportive Services Only
- Where projects receive the same score, and are of the same project type, renewal projects shall be prioritized over new projects
- Where projects receive the same score, and are of the same project type, and are both either renewal or new, the project that will serve the most people shall be prioritized.
- Where projects receive the same score, and are of the same project type, and are both either renewal or new, and will serve the same number of people, the project utilizing the least funds, as a measure of cost per household, shall be prioritized.

MA-516 Massachusetts Balance of State Continuum of Care  
NOFO 2021 - Ranking and Review Process

Sample Tool

Project name:				
Grant Number:				
Project Type	PH		74	
Last Year's Grant \$	\$748,744			
Total Units	55			
Threshold Criteria				
A. Does the Project Participate in Coordinated Entry?	Yes			
B. Has the project documented minimum match?	Yes			
C. Is the Applicant an Active CoC member?	N/A			
D. Is the Application Complete with consistent data?	Yes			
Performance Measures				
1. Permanent Housing Outcomes				
1a. Total # of Stayers in the last reporting period				44
1b. Total Persons Exiting				9
1c. Total Persons exiting to Positive Outcomes				5
1d. Total Persons excluded from outcome				0
1e. % of participants successful in this measure	92%			20
2. Total Households Served				
2a. Number of Households Served				49
2b. Number the project is supposed to have				55
2c. % of households served to those proposed	89%			5
3. Persons Served over time				
3a Enter number of Beds Proposed				55
3a. Enter number of participants served on the last day in January				40
3b. Enter number of participants served on the last day in April				40
3c. Enter number of participants served on the last day in July				45
3d. Enter number of participants served on the last day in October				46
3e. Average % of participants served over time	78%			0
Serving Vulnerable Persons				
4. Prioritizing Chronic Homelessness: The project is designated in the application as:				
	Dedicated Plus			10
5. Coordinated Assessment Scores				
5a. Average Coordinated Entry System Score				23
5b. Project Average Coordinated Entry Score				34
5c. % of project average vs system average	148%			10
6. Does the project exclusively serve unaccompanied youth or those fleeing Domestic violence?				
			No	0
7. Does the Project meet the threshold for "Housing First"?				
			No	0
Fiscal				
8. Project's billing was submitted on time?	Consistently on Time			5
9. Reversions				
9a. Is this a rental assistance project (AKA as Shelter Plus care?)	No			0
9b. Are we measuring for the first complete grant year?				
The last two digits of the grant number:	10			FALSE
9c. Amount of Grant Funds Spent	\$534,743	Reverted:	\$214,001	40%
9d. % of funds reverted	More than 15%			0
Compliance				
10. Data Quality: 1 point for each universal data element with <10% null. Elements include last name, social security number, date of birth, race, ethnicity, gender, veteran status, disabling condition, project entry date, and client location				
	9			9
11. APR submitted to DHCD on time - 30 days after the close of the grant?	No			0
12. APR submitted to HUD on time - 90 days after the close of the grant?	Yes			5
12a. Was the most recent APR reviewed buy HUD rejected by them?	No			0
13. Monitoring Score?	No findings and no concerns			10
Total				74

**MA-516 Massachusetts Balance of State Continuum of Care  
NOFO 2021 - Ranking and Review Process  
Final Ranking**

<b>Project</b>	<b>Final Ranking Score</b>	<b>Tier</b>
Turn the Key	1	Tier 1
Greater Boston Tenant Based S+C	2	Tier 1
Aggressive Treatment and Relapse Prevention Program (ATARP)	3	Tier 1
Mystic Valley Homeless to Housing w/Consolidation (surviving grant)	4	Tier 1
Post-Acute Treatment Services / Pre-Recovery Services (PDPR)	5	Tier 1
Greater Boston Rental Assistance for the Chronically Homeless (GBREACH)	6	Tier 1
North Star Housing	7	Tier 1
Metrowest Leased Housing Consolidation	8	Tier 1
Advocates Supported Housing Consolidation	9	Tier 1
Alternative House	10	Tier 1
Journey to Success	11	Tier 1
Somerville Stepping Stones w/consolidation (Individual)	12	Tier 1
Disabled Family Leasing	13	Tier 1
Proyecto Opciones	14	Tier 1
Pathfinder PH Program	15	Tier 1
NEW BEGINNINGS	16	Tier 1
North East Scattered Site Tenancy S+C	17	Tier 1
Tri-City Rental Assistance Project	18	Tier 1
Housing Pronto	19	Tier 1
Shelter Plus Care	20	Tier 1
Julie House	21	Tier 1
JRI Supportive Housing-Hope for Families Program	22	Tier 1
YWCA Fina House Project	23	Tier 1
TSS TH-RRH Combined	24	Tier 1
Brookside Terrace S+C	25	Tier 1
Scattered Site Transitional Apartment Project	26	Tier 1
Home Again/Fresh Start	27	Tier 1
HMIS Dedicated	28	Tier 1
HMIS Continuous Quality	29	Tier 1
North Shore CoC CE	30	Tier 1
Coordinated Entry	31	Tier 1
MA-516 Coordinated Entry	32	Tier 1
Community Housing Initiative	33	Tier 1
Respond PH-RRH DV Bonus	34	Tier 1
Brookline Rental Assistance for the Chronically Homeless (BREACH)	35	Tier 1
Wayside ShortStop Transitional Housing Program	36	Tier 1
Greater Boston Sponsor Based S+C	37	Tier 1
HOAP S+C	38	Tier 1
Maya's House	39	Tier 1

# MA-516 Massachusetts Balance of State Continuum of Care NOFO 2021 - Ranking and Review Process

LTLC PSH Program	40	Tier 1
LINCOLN ST	41	Tier 1
CTI PH-PSH for People Experiencing Chronic Homelessness	42	Tier 1
CTI Youth TH-RRH	43	Tier 1
Greater Boston Mobile Stabilization Team	44	Tier 1
Community Housing S+C	45	Tier 1
Welcome Home 1 Expansion	46	Tier 1
Campus Apartments Consolidation	47	Tier 1
Emerson St S+C	48	Tier 1
Campus TH-RRH	49	Tier 1
Emmaus RRH	50	Tier 1
Emmaus RRH Expansion (Reallocation and Bonus)	51	Tier 1
Disabled Family Leasing Expansion (Reallocation)	52	Tier 1
Tier 2		
Disabled Family Leasing Expansion (Reallocation)	52	Tier 2
Welcome Home 1 Expansion 2.0 (Bonus)	53	Tier 2
Respond PH-RRH Expansion (DV Bonus)	54	Tier 2
Alternative House Expansion (DV Bonus)	55	Tier 2
Permanent Housing Supports – New Bonus	56	Tier 2
New Dawn – New DV Bonus	57	Tier 2
Intensive Outreach and RRH – New Bonus	58	Tier 2
Project Included, but unranked per NOFO		
MA-516 Planning		

Projects highlighted in yellow are expansions and those highlighted in green are new projects. The orange project straddles tiers 1 and 2.

**From:** [Byron, Karen \(OCD\)](#)  
**To:** [Bowen, Joanna \(OCD\)](#); [Alex Pratt](#); [Alexander Guittarr \(aguittarr@ywcinema.org\)](#); [Alexia Layne-Lomon](#); [Allison Lex](#); [Alonzo Dukes](#); [Amanda Berman](#); [Amanda Cook \(acook@sevenhills.org\)](#); [Amanda Sagarin](#); [Noyes, Amber \(OCD\)](#); [Pape, Andrew \(OCD\)](#); [Angela Giordano](#); [Annette Poirier](#); [Antwan Steed \(antwan\\_steed@waysideyouth.org\)](#); [April Stevens](#); [Ashley Cruz](#); [Bianca Jones-Ruiz](#); [Brevard, Alvina \(OCD\)](#); [Brian Neeley](#); [Brielle Short](#); [Brigham, Thomas \(DPH\)](#); [Bryna Davis](#); [Caitlin Golden](#); [Carina Pappalardo \(Carina.pappalardo@psychologicalcenter.com\)](#); [Carl Howell \(chowell@commteam.org\)](#); [Baniszewski, Carl \(DPH\)](#); [Carla Richards](#); [Carlos Echevarria](#); [Carlos Hernandez](#); [Carolyn Lightburn](#); [Cary Havey](#); [Bokor, Charles \(OCD\)](#); [Charles Horenstein](#); [Charyn Perdomo \(charyn.perdomo@bostonabcd.org\)](#); [Cheryl LaChance](#); [O'Connell, Christine](#); [Chris Moskal](#); [Christopher Samaras](#); [Zabik, Christopher \(DMH\)](#); [Makrinikolas, Claire \(VET\)](#); [Claudia Carias](#); [Connie Donahue](#); [cmimoso](#); [Connor, Annmarv](#); [Cory Mills-Dick](#); [Curley, Donna \(OCD\)](#); [Danielle DeMoss](#); [Danielle Ferrier](#); [Danielle Osterman](#); [Darcie DeLuca](#); [Darlene Mathews](#); [David Parilla](#); [Tagliaferri, David \(DMH\)](#); [Deb Flanagan](#); [Deb Heime](#); [dfondeur@glcac.org](#); [Wooden-Wade, Ditzah \(OCD\)](#); [Divya Chaturvedi](#); [Dottie Bailey](#); [Eben Forbes](#); [Edward Mitchell](#); [Eileen Dern \(edern@hallmarkhealth.org\)](#); [Eliot Yoffa](#); [Elise Ranger \(eranger@commonwealthandtrust.org\)](#); [Elizabeth Winston](#); [Cooper, Emily \(ELD\)](#); [egeorge@actioninc.org](#); [Erin Moriarty](#); [Evelyn Friedman](#); [Comeau, Gary N. \(DMH\)](#); [Gilbert, Jason \(Snap Provider\)](#); [Gisele Sears](#); [Gold, Emily](#); [Calkins, Gordon \(OCD\)](#); [Graves, Samantha](#); [Gretchen Arntz](#); [Griffin, Virginia K \(OCD\)](#); [Heidi Burbidge](#); [Heidi Williams](#); [Herzig, Emily](#); [Iva Comey \(icomey@commonwealthandtrust.org\)](#); [Janette Vigo](#); [Chasse, Jeffrey \(DMH\)](#); [Jennifer Beloff](#); [Jennifer Carter](#); [Halstrom, Jennifer \(DPH\)](#); [Jesse French \(french@homestart.org\)](#); [Jessica Brayden](#); [JGrasberger@advocatesinc.org](#); [Jim Cuddy](#); [Jim Salvador](#); [Jim Smith](#); [Joanna Huntington](#); [Valley, Joseph \(DMH\)](#); [John Hillis](#); [John Shirley](#); [Josh Vlahakis](#); [Josh Young](#); [Joyce Tavon](#); [Judith Liben](#); [Judy Perlman](#); [Julia Newhall](#); [June Messina](#); [Kaitlyn Matthews](#); [Kate Rozzi](#); [Katherine Person \(katherineperson@veteransinc.org\)](#); [Kathleen O'Brien](#); [Kathryn McHugh](#); [Katie Desbois](#); [Kelly Donato](#); [Kelly Schlabach](#); [Kevin Hurley](#); [kanton@reverre.org](#); [Clougherty, Kim \(DMH\)](#); [Kim Shellenberger](#); [Kourou Pich](#); [Laura MacNeil](#); [Laura Rosi](#); 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[Nina Lordi](#); ["Pam Hallett"](#); [Paul Goldstein](#); [Paul Jean, Sr](#); [zzPrentiss, Tracy \(OCD\)](#); [Ralph Hughes \(Ralph.Hughes@pinestreetinn.org\)](#); [Butler, Rebecca \(DPH\)](#); [Renee Cammarata-Hamilton](#); [Renu Tewarie](#); [Reverend Whitley](#); [Richard Hung \(Richard.Hung@umb.edu\)](#); [Rita Paulino](#); [Robertson, Laura \(OCD\)](#); [Rocco Vandermerwe](#); [Rohey Wadda](#); [Sandy Guerrier \(sguerrier@cityoflawrence.com\)](#); [Sara McCabe](#); [Sarah Bartley](#); [Sarah Cloutier](#); [Scott Forbes](#); [Shannon Secrist](#); [Shaylyn Davis](#); [Sheila Farrell](#); [Stephanie Harrington](#); [zzzOkeefe, Stephen \(DPH\)](#); [Steve Wilkins](#); [Steven Jackson](#); [Sue Buoncuore](#); [Sue Crossley](#); [Sue Fink](#); [Sue Staples \(sstaples@ywcinema.org\)](#); [Susan Bonner \(naniebonner202@gmail.com\)](#); [Susan Gentili](#); [Susan Hegel](#); [Susan Hooper](#); [Susan Ross](#); [Susan Stoker](#); [Talia Pique](#); [Fahey, Tamara \(OCD\)](#); [Techrosette Leng](#); [Tiffany Leung](#); [Tom Feagley](#); [Tom Nee](#); [Troy Fernandes](#); [Usha Vakil](#); [Walsh, Gerald \(gcwalsh@glcac.org\)](#); [Ortiz, Yolanda \(OCD\)](#)  
**Subject:** MA-516 Balance of State Continuum of Care Project Ranking  
**Date:** Saturday, October 30, 2021 6:35:00 PM

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Hello everyone,

I hope this email finds you all well. We are closing in on the completion of this NOFO process, and I want to thank you for participating in committees, reviewing drafts, providing input and concept ideas, and for being patient as we navigated this together.

All projects submitted to the CoC through eSnaps have been accepted and are included in the final ranking listed in the table below. One project is straddling Tiers 1 and 2. We will be sending ranking forms associated with each project to the organization that created the application so that you can see how you were ranked. If you would like a debriefing discussion, please reach out to me at [karen.byron@mass.gov](mailto:karen.byron@mass.gov), and we will schedule a meeting.

All reallocations were made by choice of the project reallocating. There are three new projects which were developed using the concept papers submitted by the CoC membership, and five expansion requests developed using available reallocation, bonus and DV bonus funding.

We have posted a detailed explanation of the NOFO process on the [CoC webpage](#). Just click on the FFY21 Ranking document.

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MA-516 Planning		

Thank you again,  
Karen

*My working hours may not be your working hours. Please do not feel obligated to reply outside of your normal work schedule.*

Karen R. Byron (she/her/hers)  
Massachusetts Department of Housing and Community Development  
MA Balance of State CoC Supervisor  
100 Cambridge Street, 3<sup>rd</sup> Floor  
Boston, MA 02114  
617.573.1344



Urban Development.

As part of the process for accessing this funding, HUD asks us to rank projects for funding priority.

## Additional Resources

 [FY21 Ranking](#) (PDF 367.57 KB)

## How to get involved

The Continuum has a general membership meeting at 100 Cambridge Street, Boston MA at 10:00 a.m. on the first Wednesday of each month. There are also committees that work to address the unique issues that face homeless veterans, and youth, as well as committees that focus on project review, homeless management information systems (HMIS,) and coordinated entry. Participation from people with different perspectives is encouraged. For agendas or more information about any of the meetings, or to arrange for clearance with the building security, please contact us by phone at 617-573-1100.

Did you find what you were looking for on this webpage? \*

Feedback

## MA-516 Massachusetts Balance of State Continuum of Care NOFO 2021 - Ranking and Review Process

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After careful consideration, the Project Evaluation Committee prepared three options for the Advisory Board to consider. These recommendations took into consideration existing projects that are operating well and requesting expansion, as well as the value per household of new projects, specifically acknowledging projects that proposed a large number of units at a low per-household cost. The Advisory Board met on October 27, 2021 to consider the options, and after thoughtful review and discussion, it voted to accept one of the alternative options presented by the Project Evaluation Committee.

It was discovered later that day that the demarcation line between Tier 1 and Tier 2 had been placed in the wrong position on the form being used. While this did not affect ranking position, it did affect whether a project fell into Tier 1 or Tier 2. CoC staff immediately corrected the form and contacted Advisory Board members via a group email and telephone calls to take a second vote to accept or reject the revised Tier positioning. The Project Evaluation Committee was notified of this at the same time to ensure complete transparency. The subsequent Advisory Board vote on October 29, 2021 unanimously accepted the ranking in the corrected ranking form. [The final ranking](#) can be found below.

MA-516 Massachusetts Balance of State Continuum of Care  
NOFO 2021 - Ranking and Review Process

Objective Measures in the tool

There are four threshold criteria for the ranking process. Failure to meet these threshold criteria results in the project not being ranked by the small groups and reallocated. Those criteria are:

- Compliance with Coordinated Entry
- Documenting the minimum match
- Being an active member of the CoC (for renewal projects only)
- The application being complete and understandable.

All project proposals met the minimum threshold criteria this year and so were subsequently scored and ranked.

The objective measures from the tool and the points assigned them are outlined in the table below.

Performance Measures (max 40) ALL PROJECT RECEIVED FULL POINTS ON THIS CRITERIA	
% of participants successful in obtaining or retaining permanent housing (max 20)	
>90%	20 points
85%-90%	10 points
<85%	0 points
% of households served in comparison to those promised (max 10)	
>90%	10 points
85%-90%	5 points
<85%	0 points
% of persons served in comparison to those promised (max 10)	
>90%	10 points
85%-90%	5 points
<85%	0 points
Serving Vulnerable Persons (max 20)	
Chronic Homelessness – project designation (max 10)	
Dedicated	10 points
Dedicated Plus	10 points
Nor Dedicated	0 points
Does the project serve exclusively youth or those fleeing domestic violence (max 5)	
Yes	5 points
No	0 points
Is the Project “Housing First”? (max 5)	
Yes	5 points
No	0 points
Fiscal (max 15)	
Project billing submitted on time? (max 5)	
Consistently on time	5 points
Late one or two times	3 points
Late more than two times	0 points
Rental Assistance Project? (max 5)	
Yes	5 points
No	0 points
% of funds awarded that were reverted (max 5)	
Less than 5%	5 points
5% to 10%	3 points
10% to 15%	2 points
More than 15%	0 points
Compliance (max 30)	
Data Quality (max 10)	
1 point for each of select data elements with less than 10% null	Up to 10 points
APR submission (max 10)	
Submitted to DHCD on time	5 points
Submitted to DHCD late	0 points
Submitted to HUD on time	5 points
Submitted to HUD late	0 points
APR accepted by HUD	0 points
APR rejected by HUD	- 5 points
Monitoring (max 10)	
No findings, no concerns	10 points
No findings, some concerns, all resolved	8 points
1 or more findings, all resolved	5 points
Unresolved concerns	3 points
Unresolved findings	0 points

# MA-516 Massachusetts Balance of State Continuum of Care NOFO 2021 - Ranking and Review Process

## **Breaking Ties**

Projects will sometimes receive the same score. In those cases ties will be broken in the following way to determine which project is placed higher than the other in the ranking.

- Where the projects receiving the same score are different project types, projects will be prioritized in the following order:
  - HMIS
  - Coordinated Entry
  - Permanent Supported Housing
  - Permanent Housing / Rapid Rehousing
  - Joint Transitional Housing / Rapid Rehousing
  - Transitional Housing
  - Supportive Services Only
- Where projects receive the same score, and are of the same project type, renewal projects shall be prioritized over new projects
- Where projects receive the same score, and are of the same project type, and are both either renewal or new, the project that will serve the most people shall be prioritized.
- Where projects receive the same score, and are of the same project type, and are both either renewal or new, and will serve the same number of people, the project utilizing the least funds, as a measure of cost per household, shall be prioritized.



MA-516 Massachusetts Balance of State Continuum of Care  
NOFO 2021 - Ranking and Review Process

Sample Tool

Project name:				
Grant Number:				
Project Type	PH		74	
Last Year's Grant \$	\$748,744			
Total Units	55			
Threshold Criteria				
A. Does the Project Participate in Coordinated Entry?	Yes			
B. Has the project documented minimum match?	Yes			
C. Is the Applicant an Active CoC member?	N/A			
D. Is the Application Complete with consistent data?	Yes			
Performance Measures				
1. Permanent Housing Outcomes				
1a. Total # of Stayers in the last reporting period				44
1b. Total Persons Exiting				9
1c. Total Persons exiting to Positive Outcomes				5
1d. Total Persons excluded from outcome				0
1e. % of participants successful in this measure	92%			20
2. Total Households Served				
2a. Number of Households Served				49
2b. Number the project is supposed to have				55
2c. % of households served to those proposed	89%			5
3. Persons Served over time				
3a Enter number of Beds Proposed				55
3a. Enter number of participants served on the last day in January				40
3b. Enter number of participants served on the last day in April				40
3c. Enter number of participants served on the last day in July				45
3d. Enter number of participants served on the last day in October				46
3e. Average % of participants served over time	78%			0
Serving Vulnerable Persons				
4. Prioritizing Chronic Homelessness: The project is designated in the application as:				
Dedicated Plus				10
5. Coordinated Assessment Scores				
5a. Average Coordinated Entry System Score				23
5b. Project Average Coordinated Entry Score				34
5c. % of project average vs system average	148%			10
6. Does the project exclusively serve unaccompanied youth or those fleeing Domestic violence?				
			No	0
7. Does the Project meet the threshold for "Housing First"?				
			No	0
Fiscal				
8. Project's billing was submitted on time?	Consistently on Time			5
9. Reversions				
9a. Is this a rental assistance project (AKA as Shelter Plus care?)	No			0
9b. Are we measuring for the first complete grant year?				
The last two digits of the grant number:	10			FALSE
9c. Amount of Grant Funds Spent	\$534,743	Reverted:	\$214,001	40%
9d. % of funds reverted	More than 15%			0
Compliance				
10. Data Quality: 1 point for each universal data element with <10% null. Elements include last name, social security number, date of birth, race, ethnicity, gender, veteran status, disabling condition, project entry date, and client location				
	9			9
11. APR submitted to DHCD on time - 30 days after the close of the grant?	No			0
12. APR submitted to HUD on time - 90 days after the close of the grant?	Yes			5
12a. Was the most recent APR reviewed buy HUD rejected by them?	No			0
13. Monitoring Score?	No findings and no concerns			10
Total				74

**MA-516 Massachusetts Balance of State Continuum of Care  
NOFO 2021 - Ranking and Review Process  
Final Ranking**

<b>Project</b>	<b>Final Ranking Score</b>	<b>Tier</b>
Turn the Key	1	Tier 1
Greater Boston Tenant Based S+C	2	Tier 1
Aggressive Treatment and Relapse Prevention Program (ATARP)	3	Tier 1
Mystic Valley Homeless to Housing w/Consolidation (surviving grant)	4	Tier 1
Post-Acute Treatment Services / Pre-Recovery Services (PDPR)	5	Tier 1
Greater Boston Rental Assistance for the Chronically Homeless (GBREACH)	6	Tier 1
North Star Housing	7	Tier 1
Metrowest Leased Housing Consolidation	8	Tier 1
Advocates Supported Housing Consolidation	9	Tier 1
Alternative House	10	Tier 1
Journey to Success	11	Tier 1
Somerville Stepping Stones w/consolidation (Individual)	12	Tier 1
Disabled Family Leasing	13	Tier 1
Proyecto Opciones	14	Tier 1
Pathfinder PH Program	15	Tier 1
NEW BEGINNINGS	16	Tier 1
North East Scattered Site Tenancy S+C	17	Tier 1
Tri-City Rental Assistance Project	18	Tier 1
Housing Pronto	19	Tier 1
Shelter Plus Care	20	Tier 1
Julie House	21	Tier 1
JRI Supportive Housing-Hope for Families Program	22	Tier 1
YWCA Fina House Project	23	Tier 1
TSS TH-RRH Combined	24	Tier 1
Brookside Terrace S+C	25	Tier 1
Scattered Site Transitional Apartment Project	26	Tier 1
Home Again/Fresh Start	27	Tier 1
HMIS Dedicated	28	Tier 1
HMIS Continuous Quality	29	Tier 1
North Shore CoC CE	30	Tier 1
Coordinated Entry	31	Tier 1
MA-516 Coordinated Entry	32	Tier 1
Community Housing Initiative	33	Tier 1
Respond PH-RRH DV Bonus	34	Tier 1
Brookline Rental Assistance for the Chronically Homeless (BREACH)	35	Tier 1
Wayside ShortStop Transitional Housing Program	36	Tier 1
Greater Boston Sponsor Based S+C	37	Tier 1
HOAP S+C	38	Tier 1
Maya's House	39	Tier 1

# MA-516 Massachusetts Balance of State Continuum of Care NOFO 2021 - Ranking and Review Process

LTLC PSH Program	40	Tier 1
LINCOLN ST	41	Tier 1
CTI PH-PSH for People Experiencing Chronic Homelessness	42	Tier 1
CTI Youth TH-RRH	43	Tier 1
Greater Boston Mobile Stabilization Team	44	Tier 1
Community Housing S+C	45	Tier 1
Welcome Home 1 Expansion	46	Tier 1
Campus Apartments Consolidation	47	Tier 1
Emerson St S+C	48	Tier 1
Campus TH-RRH	49	Tier 1
Emmaus RRH	50	Tier 1
Emmaus RRH Expansion (Reallocation and Bonus)	51	Tier 1
Disabled Family Leasing Expansion (Reallocation)	52	Tier 1
Tier 2		
Disabled Family Leasing Expansion (Reallocation)	52	Tier 2
Welcome Home 1 Expansion 2.0 (Bonus)	53	Tier 2
Respond PH-RRH Expansion (DV Bonus)	54	Tier 2
Alternative House Expansion (DV Bonus)	55	Tier 2
Permanent Housing Supports – New Bonus	56	Tier 2
New Dawn – New DV Bonus	57	Tier 2
Intensive Outreach and RRH – New Bonus	58	Tier 2
Project Included, but unranked per NOFO		
MA-516 Planning		

Projects highlighted in yellow are expansions and those highlighted in green are new projects. The orange project straddles tiers 1 and 2.

**From:** [Byron, Karen \(OCD\)](#)  
**To:** [Bowen, Joanna \(OCD\)](#); [Alex Pratt](#); [Alexander Guittarr \(aguittarr@ywcanema.org\)](#); [Alexia Layne-Lomon](#); [Allison Lex](#); [Alonzo Dukes](#); [Amanda Berman](#); [Amanda Cook \(acook@sevenhills.org\)](#); [Amanda Sagarin](#); [Noyes, Amber \(OCD\)](#); [Pape, Andrew \(OCD\)](#); [Angela Giordano](#); [Annette Poirier](#); [Antwan Steed \(antwan\\_steed@waysideyouth.org\)](#); [April Stevens](#); [Ashley Cruz](#); [Bianca Jones-Ruiz](#); [Brevard, Alvina \(OCD\)](#); [Brian Neeley](#); [Brielle Short](#); [Brigham, Thomas \(DPH\)](#); [Bryna Davis](#); [Caitlin Golden](#); [Carina Pappalardo \(Carina.pappalardo@psychologicalcenter.com\)](#); [Carl Howell \(chowell@commteam.org\)](#); [Baniszewski, Carl \(DPH\)](#); [Carla Richards](#); [Carlos Echevarria](#); [Carlos Hernandez](#); [Carolyn Lightburn](#); [Cary Havey](#); [Bokor, Charles \(OCD\)](#); [Charles Horenstein](#); [Charyn Perdomo \(charyn.perdomo@bostonabcd.org\)](#); [Cheryl LaChance](#); [O'Connell, Christine](#); [Chris Moskal](#); [Christopher Samaras](#); [Zabik, Christopher \(DMH\)](#); [Makrinikolas, Claire \(VET\)](#); [Claudia Carias](#); [Connie Donahue](#); [cmimoso](#); [Connor, Annmarv](#); [Cory Mills-Dick](#); [Curley, Donna \(OCD\)](#); [Danielle DeMoss](#); [Danielle Ferrier](#); [Danielle Osterman](#); [Darcie DeLuca](#); [Darlene Mathews](#); [David Parilla](#); [Tagliaferri, David \(DMH\)](#); [Deb Flanagan](#); [Deb Heime](#); [dfondeur@glcac.org](#); [Wooden-Wade, Ditzah \(OCD\)](#); [Divya Chaturvedi](#); [Dottie Bailey](#); [Eben Forbes](#); [Edward Mitchell](#); [Eileen Dern \(edern@hallmarkhealth.org\)](#); [Eliot Yoffa](#); [Elise Ranger \(eranger@commonwealthandtrust.org\)](#); [Elizabeth Winston](#); [Cooper, Emily \(ELD\)](#); [egeorge@actioninc.org](#); [Erin Moriarty](#); [Evelyn Friedman](#); [Comeau, Gary N. \(DMH\)](#); [Gilbert, Jason \(Snap Provider\)](#); [Gisele Sears](#); [Gold, Emily](#); [Calkins, Gordon \(OCD\)](#); [Graves, Samantha](#); [Gretchen Arntz](#); [Griffin, Virginia K \(OCD\)](#); [Heidi Burbidge](#); [Heidi Williams](#); [Herzig, Emily](#); [Iva Comey \(icomey@commonwealthandtrust.org\)](#); [Janette Vigo](#); [Chasse, Jeffrey \(DMH\)](#); [Jennifer Beloff](#); [Jennifer Carter](#); [Halstrom, Jennifer \(DPH\)](#); [Jesse French \(french@homestart.org\)](#); [Jessica Brayden](#); [JGrasberger@advocatesinc.org](#); [Jim Cuddy](#); [Jim Salvador](#); [Jim Smith](#); [Joanna Huntington](#); [Valley, Joseph \(DMH\)](#); [John Hillis](#); [John Shirley](#); [Josh Vlahakis](#); [Josh Young](#); [Joyce Tavon](#); [Judith Liben](#); [Judy Perlman](#); [Julia Newhall](#); [June Messina](#); [Kaitlyn Matthews](#); [Kate Rozzi](#); [Katherine Person \(katherineperson@veteransinc.org\)](#); [Kathleen O'Brien](#); [Kathryn McHugh](#); [Katie Desbois](#); [Kelly Donato](#); [Kelly Schlabach](#); [Kevin Hurley](#); [kanton@reverre.org](#); [Clougherty, Kim \(DMH\)](#); [Kim Shellenberger](#); [Kourou Pich](#); [Laura MacNeil](#); [Laura Rosi](#); 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[Nina Lordi](#); ["Pam Hallett"](#); [Paul Goldstein](#); [Paul Jean, Sr](#); [zzPrentiss, Tracy \(OCD\)](#); [Ralph Hughes \(Ralph.Hughes@pinestreetinn.org\)](#); [Butler, Rebecca \(DPH\)](#); [Renee Cammarata-Hamilton](#); [Renu Tewarie](#); [Reverend Whitley](#); [Richard Hung \(Richard.Hung@umb.edu\)](#); [Rita Paulino](#); [Robertson, Laura \(OCD\)](#); [Rocco Vandermerwe](#); [Rohey Wadda](#); [Sandy Guerrier \(sguerrier@cityoflawrence.com\)](#); [Sara McCabe](#); [Sarah Bartley](#); [Sarah Cloutier](#); [Scott Forbes](#); [Shannon Secrist](#); [Shaylyn Davis](#); [Sheila Farrell](#); [Stephanie Harrington](#); [zzzOkeefe, Stephen \(DPH\)](#); [Steve Wilkins](#); [Steven Jackson](#); [Sue Buoncuore](#); [Sue Crossley](#); [Sue Fink](#); [Sue Staples \(sstaples@ywcanema.org\)](#); [Susan Bonner \(naniebonner202@gmail.com\)](#); [Susan Gentili](#); [Susan Hegel](#); [Susan Hooper](#); [Susan Ross](#); [Susan Stoker](#); [Talia Pique](#); [Fahey, Tamara \(OCD\)](#); [Techrosette Leng](#); [Tiffany Leung](#); [Tom Feagley](#); [Tom Nee](#); [Troy Fernandes](#); [Usha Vakil](#); [Walsh, Gerald \(gcwalsh@glcac.org\)](#); [Ortiz, Yolanda \(OCD\)](#)  
**Subject:** MA-516 Balance of State Continuum of Care Project Ranking  
**Date:** Saturday, October 30, 2021 6:35:00 PM

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Hello everyone,

I hope this email finds you all well. We are closing in on the completion of this NOFO process, and I want to thank you for participating in committees, reviewing drafts, providing input and concept ideas, and for being patient as we navigated this together.

All projects submitted to the CoC through eSnaps have been accepted and are included in the final ranking listed in the table below. One project is straddling Tiers 1 and 2. We will be sending ranking forms associated with each project to the organization that created the application so that you can see how you were ranked. If you would like a debriefing discussion, please reach out to me at [karen.byron@mass.gov](mailto:karen.byron@mass.gov), and we will schedule a meeting.

All reallocations were made by choice of the project reallocating. There are three new projects which were developed using the concept papers submitted by the CoC membership, and five expansion requests developed using available reallocation, bonus and DV bonus funding.

We have posted a detailed explanation of the NOFO process on the [CoC webpage](#). Just click on the FFY21 Ranking document.



<b>Project</b>	<b>Final Ranking Score</b>	<b>Tier</b>
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HMIS Dedicated	28	Tier 1
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<b>Project Included, but unranked per NOFO</b>		
MA-516 Planning		

Thank you again,  
Karen

*My working hours may not be your working hours. Please do not feel obligated to reply outside of your normal work schedule.*

Karen R. Byron (she/her/hers)  
Massachusetts Department of Housing and Community Development  
MA Balance of State CoC Supervisor  
100 Cambridge Street, 3<sup>rd</sup> Floor  
Boston, MA 02114  
617.573.1344

Urban Development.

As part of the process for accessing this funding, HUD asks us to rank projects for funding priority.

## Additional Resources

 [FY21 Ranking](#) (PDF 367.57 KB)

## How to get involved

The Continuum has a general membership meeting at 100 Cambridge Street, Boston MA at 10:00 a.m. on the first Wednesday of each month. There are also committees that work to address the unique issues that face homeless veterans, and youth, as well as committees that focus on project review, homeless management information systems (HMIS,) and coordinated entry. Participation from people with different perspectives is encouraged. For agendas or more information about any of the meetings, or to arrange for clearance with the building security, please contact us by phone at 617-573-1100.

Did you find what you were looking for on this webpage? \*

Feedback

## MA-516 Massachusetts Balance of State Continuum of Care NOFO 2021 - Ranking and Review Process

The Balance of State Ranking process requires three separate sets of people to work in tandem. Small ranking groups use objective measures to establish a score for every project being ranked. The Project Evaluation Committee uses these scores and prepares recommendations to the Advisory board, who makes a final decision on ranking.

The ranking process and the tool used to establish the scores for ranking were carefully vetted with the provider community via the large planning group meetings on 11/7/18, 1/2/19, and 7/9/19. A [sample version of the tool](#) can be found at the end of this document.

The Project Evaluation Committee met on September 21, 2021 to review the tool and discuss the impact of the COVID-19 pandemic on CoC projects. Through this process, the Committee determined to give all applicants equal points in the Performance Measures for this year only and retained the remainder of the scoring criteria in the tool.

Project Applications were due to DHCD no later than 5:00 pm on October 07, 2021. Project ranking relied entirely on Project Applications, APR data extracted directly from the SAGE system, and fiscal data from DHCD. That information was packaged with the ranking tool and distributed to the small ranking groups on October 18, 2021 after members attended a Ranking Training webinar.

The small ranking groups, using the tool with [objective measures outlined below](#), worked independently to score the projects assigned to them. The small groups submitted final scores to the chair of the Project Evaluation Committee by October 22, 2021.

Once the Project Evaluation Committee receives the scores from the small scoring groups, they are responsible for developing no more than three recommended strategies for a final ranking to the advisory board. At least one strategy MUST be in the order of the scores, with the highest scoring project at the top and the lowest scoring project at the bottom. Projects receiving the same score will be ordered as outlined in the “[Breaking Ties](#)” section below.

- The Project Evaluation Committee MAY recommend a different strategy to the advisory board for final ranking in certain specific examples. They may recommend:
- Moving new project proposals lower in the ranking to preserve well-functioning renewal projects.
- Moving project expansion proposals next to, but lower in the ranking than the project they are expanding.
- Move individual projects in the ranking to adjust for exceptional circumstances that are outside the project’s or the project subrecipient’s or sponsor’s ability to address. Examples of this may include natural disaster or other unexpected / unpreventable loss of a large percentage of the project’s units.

On October 26, 2021, the Project Evaluation Committee met to review the projects as a whole and to assign ranking. All projects submitting applications in e-snaps were included in the ranking and will be attached to the CoC’s NOFO response.

After careful consideration, the Project Evaluation Committee prepared three options for the Advisory Board to consider. These recommendations took into consideration existing projects that are operating well and requesting expansion, as well as the value per household of new projects, specifically acknowledging projects that proposed a large number of units at a low per-household cost. The Advisory Board met on October 27, 2021 to consider the options, and after thoughtful review and discussion, it voted to accept one of the alternative options presented by the Project Evaluation Committee.

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MA-516 Massachusetts Balance of State Continuum of Care  
NOFO 2021 - Ranking and Review Process

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Compliance (max 30)	
Data Quality (max 10)	
1 point for each of select data elements with less than 10% null	Up to 10 points
APR submission (max 10)	
Submitted to DHCD on time	5 points
Submitted to DHCD late	0 points
Submitted to HUD on time	5 points
Submitted to HUD late	0 points
APR accepted by HUD	0 points
APR rejected by HUD	- 5 points
Monitoring (max 10)	
No findings, no concerns	10 points
No findings, some concerns, all resolved	8 points
1 or more findings, all resolved	5 points
Unresolved concerns	3 points
Unresolved findings	0 points

# MA-516 Massachusetts Balance of State Continuum of Care NOFO 2021 - Ranking and Review Process

## **Breaking Ties**

Projects will sometimes receive the same score. In those cases ties will be broken in the following way to determine which project is placed higher than the other in the ranking.

- Where the projects receiving the same score are different project types, projects will be prioritized in the following order:
  - HMIS
  - Coordinated Entry
  - Permanent Supported Housing
  - Permanent Housing / Rapid Rehousing
  - Joint Transitional Housing / Rapid Rehousing
  - Transitional Housing
  - Supportive Services Only
- Where projects receive the same score, and are of the same project type, renewal projects shall be prioritized over new projects
- Where projects receive the same score, and are of the same project type, and are both either renewal or new, the project that will serve the most people shall be prioritized.
- Where projects receive the same score, and are of the same project type, and are both either renewal or new, and will serve the same number of people, the project utilizing the least funds, as a measure of cost per household, shall be prioritized.

MA-516 Massachusetts Balance of State Continuum of Care  
NOFO 2021 - Ranking and Review Process

Sample Tool

Project name:				
Grant Number:				
Project Type	PH		74	
Last Year's Grant \$	\$748,744			
Total Units	55			
Threshold Criteria				
A. Does the Project Participate in Coordinated Entry?	Yes			
B. Has the project documented minimum match?	Yes			
C. Is the Applicant an Active CoC member?	N/A			
D. Is the Application Complete with consistent data?	Yes			
Performance Measures				
1. Permanent Housing Outcomes				
1a. Total # of Stayers in the last reporting period				44
1b. Total Persons Exiting				9
1c. Total Persons exiting to Positive Outcomes				5
1d. Total Persons excluded from outcome				0
1e. % of participants successful in this measure	92%			20
2. Total Households Served				
2a. Number of Households Served				49
2b. Number the project is supposed to have				55
2c. % of households served to those proposed	89%			5
3. Persons Served over time				
3a Enter number of Beds Proposed				55
3a. Enter number of participants served on the last day in January				40
3b. Enter number of participants served on the last day in April				40
3c. Enter number of participants served on the last day in July				45
3d. Enter number of participants served on the last day in October				46
3e. Average % of participants served over time	78%			0
Serving Vulnerable Persons				
4. Prioritizing Chronic Homelessness: The project is designated in the application as:				
Dedicated Plus				10
5. Coordinated Assessment Scores				
5a. Average Coordinated Entry System Score				23
5b. Project Average Coordinated Entry Score				34
5c. % of project average vs system average	148%			10
6. Does the project exclusively serve unaccompanied youth or those fleeing Domestic violence?				
			No	0
7. Does the Project meet the threshold for "Housing First"?				
			No	0
Fiscal				
8. Project's billing was submitted on time?	Consistently on Time			5
9. Reversions				
9a. Is this a rental assistance project (AKA as Shelter Plus care?)	No			0
9b. Are we measuring for the first complete grant year?				
The last two digits of the grant number:	10			FALSE
9c. Amount of Grant Funds Spent	\$534,743	Reverted:	\$214,001	40%
9d. % of funds reverted	More than 15%			0
Compliance				
10. Data Quality: 1 point for each universal data element with <10% null. Elements include last name, social security number, date of birth, race, ethnicity, gender, veteran status, disabling condition, project entry date, and client location				
	9			9
11. APR submitted to DHCD on time - 30 days after the close of the grant?	No			0
12. APR submitted to HUD on time - 90 days after the close of the grant?	Yes			5
12a. Was the most recent APR reviewed buy HUD rejected by them?	No			0
13. Monitoring Score?	No findings and no concerns			10
Total				74



**MA-516 Massachusetts Balance of State Continuum of Care  
NOFO 2021 - Ranking and Review Process  
Final Ranking**

<b>Project</b>	<b>Final Ranking Score</b>	<b>Tier</b>
Turn the Key	1	Tier 1
Greater Boston Tenant Based S+C	2	Tier 1
Aggressive Treatment and Relapse Prevention Program (ATARP)	3	Tier 1
Mystic Valley Homeless to Housing w/Consolidation (surviving grant)	4	Tier 1
Post-Acute Treatment Services / Pre-Recovery Services (PDPR)	5	Tier 1
Greater Boston Rental Assistance for the Chronically Homeless (GBREACH)	6	Tier 1
North Star Housing	7	Tier 1
Metrowest Leased Housing Consolidation	8	Tier 1
Advocates Supported Housing Consolidation	9	Tier 1
Alternative House	10	Tier 1
Journey to Success	11	Tier 1
Somerville Stepping Stones w/consolidation (Individual)	12	Tier 1
Disabled Family Leasing	13	Tier 1
Proyecto Opciones	14	Tier 1
Pathfinder PH Program	15	Tier 1
NEW BEGINNINGS	16	Tier 1
North East Scattered Site Tenancy S+C	17	Tier 1
Tri-City Rental Assistance Project	18	Tier 1
Housing Pronto	19	Tier 1
Shelter Plus Care	20	Tier 1
Julie House	21	Tier 1
JRI Supportive Housing-Hope for Families Program	22	Tier 1
YWCA Fina House Project	23	Tier 1
TSS TH-RRH Combined	24	Tier 1
Brookside Terrace S+C	25	Tier 1
Scattered Site Transitional Apartment Project	26	Tier 1
Home Again/Fresh Start	27	Tier 1
HMIS Dedicated	28	Tier 1
HMIS Continuous Quality	29	Tier 1
North Shore CoC CE	30	Tier 1
Coordinated Entry	31	Tier 1
MA-516 Coordinated Entry	32	Tier 1
Community Housing Initiative	33	Tier 1
Respond PH-RRH DV Bonus	34	Tier 1
Brookline Rental Assistance for the Chronically Homeless (BREACH)	35	Tier 1
Wayside ShortStop Transitional Housing Program	36	Tier 1
Greater Boston Sponsor Based S+C	37	Tier 1
HOAP S+C	38	Tier 1
Maya's House	39	Tier 1

# MA-516 Massachusetts Balance of State Continuum of Care NOFO 2021 - Ranking and Review Process

LTLC PSH Program	40	Tier 1
LINCOLN ST	41	Tier 1
CTI PH-PSH for People Experiencing Chronic Homelessness	42	Tier 1
CTI Youth TH-RRH	43	Tier 1
Greater Boston Mobile Stabilization Team	44	Tier 1
Community Housing S+C	45	Tier 1
Welcome Home 1 Expansion	46	Tier 1
Campus Apartments Consolidation	47	Tier 1
Emerson St S+C	48	Tier 1
Campus TH-RRH	49	Tier 1
Emmaus RRH	50	Tier 1
Emmaus RRH Expansion (Reallocation and Bonus)	51	Tier 1
Disabled Family Leasing Expansion (Reallocation)	52	Tier 1
Tier 2		
Disabled Family Leasing Expansion (Reallocation)	52	Tier 2
Welcome Home 1 Expansion 2.0 (Bonus)	53	Tier 2
Respond PH-RRH Expansion (DV Bonus)	54	Tier 2
Alternative House Expansion (DV Bonus)	55	Tier 2
Permanent Housing Supports – New Bonus	56	Tier 2
New Dawn – New DV Bonus	57	Tier 2
Intensive Outreach and RRH – New Bonus	58	Tier 2
Project Included, but unranked per NOFO		
MA-516 Planning		

Projects highlighted in yellow are expansions and those highlighted in green are new projects. The orange project straddles tiers 1 and 2.



Commonwealth of Massachusetts  
**DEPARTMENT OF HOUSING &  
COMMUNITY DEVELOPMENT**

Charles D. Baker, Governor ♦ Karyn E. Polito, Lieutenant Governor ♦ Jennifer D. Maddox, Undersecretary

**Memorandum of Understanding**

This Memorandum of Understanding (referred to herein as "MOU") has been entered into on <sup>7/29/21</sup> ~~insert~~ **execution date**], by and between the following parties:

Massachusetts Department of Housing and Community Development, Division of Rental Assistance  
PHA Code MA901  
100 Cambridge Street, Suite 300  
Boston, MA 02114

AND

Massachusetts Balance of State Continuum of Care (MA-516)  
100 Cambridge Street  
Boston, MA 02114

The Massachusetts Department of Housing and Community Development's Division of Rental Assistance (referred to herein as "PHA" or "party," or collectively as "parties") and the Massachusetts Balance of State Continuum of Care (referred to herein as "CoC" or "party," or collectively as "parties") hereby agree to collaborate in the local administration of the United States Housing and Urban Development (referred to herein as "HUD")-sponsored emergency housing vouchers (referred to herein as "EHVs" or singularly as "EHV"). The PHA's allocation of EHVs, funded through the American Rescue Plan, allows for tenant-based rental assistant vouchers for individuals and families (sometimes referred to herein as "household" or plurally as "households"), as well as pre-move-in financial assistance and services.

**I. Introduction and Goals**

- a. The PHA and the CoC commit to administering the EHVs in accordance with all program requirements delineated in Notice PIH 2021-15, issued by HUD's Office of Public and Indian Housing on May 5, 2021, as well as all relevant successive notices. Unless expressly waived in Notice PIH 2021-15 or any relevant successive notices, as summarized in *Attachment A*, all statutory and regulatory requirements and HUD directives regarding the Housing Choice Voucher Program (referred to herein as "HCVP") are applicable to the administration of EHVs, including the use of all HUD-required contracts and other forms. Furthermore, the administrative policies adopted in PHA's HCVP Administrative Plan, last issued on October 1, 2020, and all successive amendments, addendums, or versions apply to the EHVs unless PHA's HCVP Administrative Plan conflicts with the requirements of the American Rescue Plan Act of 2021, the requirements of Notice PIH 2021-15 or any relevant successive notices, or the waivers



and alternative requirements explained in *Attachment A*. One exception to PHA's HCVP Administrative Plan's applicability to the EHV's is the PHA's Moving to Work (referred to herein as "MTW") programmatic flexibilities, for which PHA had to seek approval from HUD. The MTW flexibilities that have been approved for application to EHV administration are delineated in *Attachment B*.

- b. The PHA aims to achieve the following goals and maintain the following standards of success in administering the EHV's:
  1. Achieve a leasing rate of 95% or greater for EHV's by June 1, 2022.
  2. Partner and collaborate effectively with the CoC, offering deference to the CoC to meet its community's unique needs about which the CoC knows best.
  3. Apply a racial equity lens to the methods of voucher distribution, service fee funding expenditure, and in determining the subpopulations to whom outreach should be undertaken.
  4. Support geographic diversity in the administration of the EHV's, including with respect to high need rural areas.
  5. Ensure effective communication with persons with disabilities, including those with vision, hearing, and other communication-related disabilities.
  6. Take all reasonable steps to ensure meaningful access for persons with limited English proficiency.
  7. Aim to prevent and respond to coronavirus by facilitating the leasing of the EHV's, thereby providing vulnerable households a safer housing environment and minimizing the risk of coronavirus exposure or spread.
  8. Report voucher issuance dates in the Public Housing Information Center (commonly referred to as "PIC") system within 14 days of the voucher issuance date or, as applicable, in the PIC-Next Generation system within 14 days of the later of the voucher issuance date or the date when the PIC-Next Generation system becomes available for reporting.
- c. The staff at the PHA and the CoC who will serve as each party's lead EHV liaison are:
  1. PHA: Karlene Maiolino, Assistant Director, Federal Programs: [karlene.maiolino@mass.gov](mailto:karlene.maiolino@mass.gov)
  2. CoC: Karen R. Byron, MA Balance of State CoC Supervisor, [karen.byron@mass.gov](mailto:karen.byron@mass.gov)

## **II. Populations Eligible for EHV Assistance to be Referred by the CoC**

The populations eligible for EHV assistance are individuals and families who:

- a. are experiencing homelessness<sup>1</sup>;
- b. are at risk of experiencing homelessness<sup>2</sup>;
- c. are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking<sup>3</sup>; or
- d. were recently homeless and for whom providing rental assistance will prevent the household's homelessness or high risk of housing instability<sup>4</sup>.

<sup>1</sup> See HUD's Continuum of Care Program regulations at 24 CFR 578.3; see pages 17-18 of Notice PIH 2021-15

<sup>2</sup> See HUD's Continuum of Care Program regulations at 24 CFR 578.3; see pages 18-19 of Notice PIH 2021-15

<sup>3</sup> See pages 19-21 of Notice PIH 2021-15

<sup>4</sup> See page 21 of Notice PIH 2021-15

The CoC should review its Coordinated Entry System registry, its most recent Point-in-Time count, and its most recent Gaps Analysis, as well as consult with the service providers in its jurisdiction to identify the most vulnerable subpopulations within the aforementioned eligible populations. The Department of Housing and Community Development's Division of Housing Stabilization will refer all Emergency Assistance families and HomeBASE families within the CoC's jurisdiction to the PHA. The CoC will refer all unaccompanied individuals within the CoC's jurisdiction to the PHA, as well as all families within the CoC's jurisdiction that do not fall within the Emergency Assistance referral category, i.e., all families within the CoC's jurisdiction who are at risk of experiencing homelessness, who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking, or who were recently homeless and for whom providing rental assistance will prevent the household's homelessness or high risk of housing instability.

The CoC should prioritize those subpopulations most affected by the coronavirus pandemic, and must prioritize those subpopulations historically underserved by mainstream systems, particularly the black, indigenous, and other people of color communities, as well as the lesbian, gay, bisexual, transgender, queer communities within the CoC's jurisdiction. The CoC will, in its discretion, decide which subpopulations require EHV assistance in its jurisdiction and will utilize the voucher allocation accordingly, taking care to intentionally apply an equity lens to its decision-making methodology and to consider high need rural areas in its jurisdiction. The PHA will monitor referrals to ascertain whether there is a diverse range of communities being granted access to the EHV, and will require adjustments by the CoC if the PHA determines that the referrals are not sufficiently diverse.

### **III. Allocation and Leasing Expectations**

The PHA is allocating 201 EHV to the CoC. If the CoC fails to lease its allocated EHV within a reasonable period of time, the PHA may revoke and redistribute any unleased EHV and associated funds to other CoCs. This would include recapturing any funds previously obligated to the CoC that are associated with those revoked EHV. PHA will be closely monitoring EHV leasing and will evaluate the CoC's leasing progress for purposes of EHV reallocation. In order to avoid having unissued vouchers recaptured and reallocated, the CoC must achieve a leasing rate of:

- a. 25% by November 1, 2021
- b. 50% by January 1, 2022
- c. 85% by April 1, 2022
- d. 95% by June 1, 2022

A PHA may not reissue any previously leased EHV after September 30, 2023.

### **IV. PHA's and/or Its Designee's Roles and Responsibilities**

- a. Designate and maintain a staff person to serve as the lead EHV liaison to communicate with the CoC.
- b. Coordinate and consult with the CoC in developing the services and assistance to be offered under the EHV services fee.
- c. Accept by email or other secure means from the CoC direct referrals for eligible individuals and non-Emergency Assistance/HomeBASE families as determined by the CoC's Coordinated Entry



System. The PHA will adapt this referral acceptance method as necessary to maintain the confidentiality of families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.

- d. Maintain as part of a household's file the eligibility verification documentation that the CoC provides for each referral.
- e. Establish windows of time for EHV applicants to complete intake interviews for an EHV.
- f. Commit sufficient staff and resources to ensure that the income determinations, household briefings, and voucher issuance processes are completed in a timely manner.
- g. Commit sufficient staff and resources to ensure that inspections of units are completed in a timely manner.
- h. For eligible and approved households, provide an EHV to the eligible household, approve proposed units, calculate rent shares, and provide a monthly subsidy to the landlord.
- i. Maintain tenant documentation and files in the manner prescribed by PHA.
- j. Ensure that EHV's are not reissued due to turnover after September 30, 2023.
- k. Amend the HCVP Administrative Plan in accordance with applicable program regulations and requirements.
- l. Apply a racial equity lens to the methods of voucher distribution, service fee funding expenditure, and in determining the subpopulations to whom outreach should be undertaken.
- m. Ensure effective communication with persons with disabilities, including those with vision, hearing, and other communication-related disabilities.
- n. Take all reasonable steps to ensure meaningful access for persons with limited English proficiency.
- o. Follow all applicable nondiscrimination and equal opportunity requirements at 24 CFR 5.105(a) and 24 CFR 982.53, including but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act, HUD's Equal Access Rule, and Title II of the Americans with Disabilities Act of 1990. These requirements prohibit discrimination on the basis of race, color, religion, sex, familial status, national origin, disability, age, sexual orientation, gender identity, and marital status. PHA should also comply with Title III of the Americans with Disabilities Act of 1990 (see 28 CFR 35.160 and 28 CFR 36.303). Finally, PHA should follow the Massachusetts General Laws Chapter 151B and local equivalents of all aforementioned federal laws and regulations, whenever applicable.
- p. Comply with the provisions of this MOU.

#### **V. CoC's Roles and Responsibilities**

- a. Designate and maintain a lead EHV liaison to communicate with the PHA and/or its designee.
- b. Coordinate and consult with the PHA in developing the services and assistance to be offered under the EHV services fee.
- c. Verify that an individual or family meets one of the four eligibility categories explained in Section II of this MOU, and provide supporting documentation to the PHA that the household meets the

eligibility requirements for EHV assistance.

- d. Refer eligible individuals and non-Emergency Assistance/HomeBASE families to the PHA as determined by the CoC's Coordinated Entry System. The CoC lead EHV liaison should send a referral and all supporting documentation to the PHA's lead EHV liaison, each of whom are named in Section I.c. of this MOU. The CoC will adapt this referral issuance method as necessary to maintain the confidentiality of families who are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking.
- e. Accept by email or other secure means from DHCD's Division of Housing Stabilization referrals for financial assistance for Emergency Assistance/HomeBASE families and process and issue eligible payments.
- f. Support eligible households in securing supportive documentation that needs to accompany referrals and admission applications to the PHA and/or its designee (i.e., self-certification, birth certificate, social security card, etc.).
- g. Attend EHV participant briefings, when needed.
- h. Provide housing search assistance for every individual and family referred to the PHA by the CoC.
- i. Assess all households referred for EHV assistance for available mainstream benefits and supportive services to support eligible individuals and families through their transition.
- j. Identify and provide supportive services to EHV families. (While EHV participants are not required to participate in services, the CoC should assure that services are available and accessible.)
- k. Apply a racial equity lens to the methods of voucher distribution, service fee funding expenditure, and in determining the subpopulations to whom outreach should be undertaken.
- l. Ensure geographic diversity, including with respect to high need rural areas.
- m. Ensure effective communication with persons with disabilities, including those with vision, hearing, and other communication-related disabilities.
- n. Take all reasonable steps to ensure meaningful access for persons with limited English proficiency.
- o. Identify households in the Coordinated Entry System that may be eligible for EHV assistance because they are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking. Ensure a referral path for this subpopulation, or alert the PHA to the need for a separate referral mechanism for this subpopulation.
- p. Follow all applicable nondiscrimination and equal opportunity requirements at 24 CFR 5.105(a) and 24 CFR 982.53, including but not limited to the Fair Housing Act, Section 504 of the Rehabilitation Act of 1973, Title VI of the Civil Rights Act of 1964, the Age Discrimination Act, HUD's Equal Access Rule, and Title II of the Americans with Disabilities Act of 1990. These requirements prohibit discrimination on the basis of race, color, religion, sex, familial status, national origin, disability, age, sexual orientation, gender identity, and marital status. CoC should also comply with Title III of the Americans with Disabilities Act of 1990 (see 28 CFR 35.160 and 28 CFR 36.303). Finally, CoC should follow the Massachusetts General Laws Chapter 151B and local equivalents of all aforementioned federal laws and regulations, whenever applicable.



- q. Comply with the provisions of this MOU.

**VI. Services and Assistance to be Provided to Eligible EHV Households under the EHV Services Fee**

Based on the allocation of 201 vouchers as stated in Section III of this MOU, the CoC will have \$703,500 + additional financial assistance and administrative dollars to support payments issued on behalf of Emergency Assistance/HomeBASE families referred by DHCD's Division of Housing Stabilization to spend on pre-move-in services and assistance to EHV eligible households, which the CoC can access through a reimbursement payment system with the PHA.

The CoC must leverage existing services and funding already available through the CoC to eligible households, thereby avoiding duplicative services and optimizing the EHV service fees.

The services explained in paragraph a, immediately below, must be offered to eligible individuals and families using the service fee funding. The services explained in paragraphs b – d, below, may be offered to eligible individuals and families using the service fee funding.

- a. Service providers within the jurisdiction of the CoC **shall** provide housing search assistance for eligible individuals and families during their initial housing search. Housing search assistance **must** include at a minimum, but is not limited to, the following activities:
  1. help individual households identify potentially available units during their housing search, including physically accessible units with features for family members with disabilities, as well as units in low-poverty neighborhoods;
  2. provide transportation assistance and directions to potential units;
  3. conduct landlord outreach;
  4. assist with the completion of rental applications and PHA forms; and
  5. help expedite the EHV leasing process for the household.
- b. Service providers within the jurisdiction of the CoC can assess eligible individuals and families for document readiness, as well as whether these individuals and families may require assistance for:
  1. application fees
  2. non-refundable administrative or processing fees
  3. refundable application deposit assistance
  4. holding fees (subject to the PHA and/or its designee and the landlord agreeing as to how the holding fee gets rolled into the deposit and under what conditions the fee will be returned)
  5. security deposits (subject to the condition that the security deposit may not exceed any amount allowed under Massachusetts or applicable local law)
  6. utility hook-up fees (available only for utilities for which tenant is responsible under the lease)
  7. utility deposits (available only for utilities for which tenant is responsible under the lease)



8. utility arrears (available only for utilities for which tenant is responsible under the lease)
  9. moving expenses (initial lease-up only, unless (i) move is not due to tenant action or omission, or (ii) move is due to domestic violence, dating violence, sexual assault, or stalking)
  10. essential household items (subject to the condition that these items cannot be gotten through another resource in CoC's jurisdiction; permissible household items limited to: bed(s); kitchen table and chairs; couch; sufficient bedding; reusable tableware; two cooking pans; shower curtain; sufficient bath towels)
  11. renter's insurance if required by the lease
- c. Service providers within the jurisdiction of the CoC can assess eligible individuals and families who may need increased assistance recruiting, retaining, and supporting landlords. Assistance can include, but is not limited to:
    1. landlord marketing and outreach
    2. conducting pre-inspections or otherwise expediting the inspection process
    3. landlord incentives and/or retention payments
    4. damages or unpaid rent mitigation fund (subject to exhaustion of the security deposit)
  - d. Service providers within the jurisdiction of the CoC can assist eligible households in addressing barriers to housing, including but not limited to:
    1. providing support with completing applications for services and financial assistance, e.g., for rental arrears
    2. providing support with completing and paying for applications for credit repair
  - e. Service providers within the jurisdiction of the CoC will support the PHA and/or its designee in ensuring appointment notifications to eligible individuals and families and will assist eligible households in getting to meetings with the PHA and/or its designee.
  - f. Service providers within the jurisdiction of the CoC will support eligible individuals and families in obtaining necessary supporting documentation that is required to accompany the CoC's referrals to the PHA and/or its designee for EHVs.
  - g. Service providers within the jurisdiction of the CoC will assess and refer eligible individuals and families to mainstream benefits and supportive services, where applicable.
  - h. Service providers within the jurisdiction of the CoC will provide counseling to eligible households on compliance with rental lease requirements.

## **VII. Program Evaluation**

The PHA and the CoC or designated CoC recipient agree to cooperate with HUD, provide requested data to HUD or HUD-approved contractor delegated the responsibility of program evaluation protocols established by HUD or HUD-approved contractor, including possible random assignment procedures.

## **VIII. Amendment**

With the exception of Section I.c., this MOU may be amended or modified only by a written instrument executed by both the PHA and the CoC. Section I.c. may be amended or modified more informally, i.e. by way of email.

**Signature Page**

Massachusetts Department of Housing and Community Development, Division of Rental Assistance

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: Brendan Goodwin

Title: Director, Division of Rental Assistance

Massachusetts Balance of State Continuum of Care

Signature: Alvina Brevard

Date: 7/28/21

Printed Name: Alvina Brevard, MPA

Title: Director, Division of Housing Stabilization

# MEMORANDUM OF UNDERSTANDING

BETWEEN

The Department of Children and Families (“DCF”)  
600 Washington Street  
Boston, MA 02111

and

Massachusetts Department of Housing and Community Development (“DHCD”)  
PHA Code MA901  
100 Cambridge Street, Suite 300  
Boston, MA 02114

and

The Balance of State Continuum of Care (“CoC”)  
Department of Housing and Community Development  
100 Cambridge Street, Suite 300  
Boston, MA 02114

The three parties to this Memorandum of Understanding (“Agreement”) hereby agree to collaborate on the Foster Youth to Independence (“FYI”) Initiative.

## **I. Background**

*Home Together:* The Federal Strategic Plan to Prevent and End Homelessness calls for federal, state, and local partners to work together to end homelessness in America. This includes ending homelessness among unaccompanied youth and other young adults. Young adults transitioning out of foster care, or with histories of involvement with foster care, are at a high risk of homelessness. It is estimated that approximately 20,000 - 25,000 youth transition out of foster care every year. Of those, approximately 25% experience homelessness within four years of transitioning out, and an even higher percentage will experience some form of precarious housing. Through the FYI Initiative, HUD is investing in local, cross-system collaborative efforts to prevent and end homelessness among youth with a current or prior history of child welfare involvement. The success of this effort requires that community partners coordinate effectively to identify, target, and connect eligible youth at-risk of or experiencing homelessness to housing and related supports. The PIH Notice 2020-28 calls for public housing agencies (“PHAs”; here, DHCD), public child welfare agencies (“PCWAs”; here, DCF), and continuums of care (CoCs) to work together to determine the most appropriate intervention for each young person.

DCF currently provides services to youth as they age out of foster care, and DCF is in a position to identify youth who would benefit from having an FYI voucher.

DHCD currently administers the Housing Choice Voucher (“HCV”) Program through a network of subrecipients known as Regional Administering Agencies, and it has an existing Annual Contributions Contract with HUD for HCVs.

# MEMORANDUM OF UNDERSTANDING

The CoC plays a role in identifying eligible youth in the community who are experiencing homelessness or who are at risk of experiencing homelessness, and who are also closed out with DCF. Through the CoC's coordinated entry process, referrals of eligible youth to DCF are able to be made based on prioritization of need and appropriateness of the intervention. DHCD, the CoC, and DCF have existing partnerships and now wish to partner on the FYI Initiative.

## II. Purpose

The purpose of this Agreement is to outline a working relationship between the parties to promote the successful operation of the FYI Initiative.

## III. Eligible Youth

The population eligible to be assisted by FYI Initiative funding is youth referred by DCF and meeting the following conditions:

1. At the time of referral is at least 18 years and not more than 24 years of age;
2. Left foster care, or will leave foster care within 90 days, at age 16 or older, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act; and
3. Is homeless or is at risk of becoming homeless.

Pregnant and/or parenting youth are eligible to receive assistance by the FYI Initiative assuming they otherwise meet eligibility requirements.

## IV. Length of Assistance

As required by statute, a voucher funded through the FYI Initiative may only be used to provide housing assistance for youth for a maximum of 36 months.

## V. Triggering Event

The triggering event for eligibility under the FYI Initiative is the issuance of a referral from DCF to DHCD of an eligible youth.

## VI. DCF's Roles and Responsibilities

DCF's roles and responsibilities under this Agreement are as follows:

1. DCF will create a system for identifying FYI-eligible youth within the agency's caseload and review referrals from the CoC.
2. DCF will determine eligibility for the program.
3. DCF will create a system of prioritization for FYI-eligible youth.



# MEMORANDUM OF UNDERSTANDING

4. DCF will maintain all documentation and records related to eligibility for the program and referrals to DHCD.

4.5. DCF will provide a written referral via use of secure email to DHCD and/or its designee that a youth is FYI-eligible.

2.6. DCF will provide or secure a commitment of supportive services from a third-party provider for a period of 36 months to FYI-eligible youth receiving rental assistance through FYI. Supportive Services includes:

- a. Basic life skills information/counseling on money management, use of credit, housekeeping, proper nutrition/meal preparation; and access to health care (e.g., doctors, medication, and mental and behavioral health services).
- b. Counseling on compliance with rental lease requirements and with HCV program participant requirements, including assistance/referrals for assistance on security deposits, utility hook-up fees, and utility deposits.
- c. Providing such assurances to owners of rental property as are reasonable and necessary to assist an FYI-eligible youth to rent a unit with a voucher.
- d. Job preparation and attainment counseling (where to look/how to apply, dress, grooming, and relationships with supervisory personnel, etc.).
- e. Educational and career advancement counseling regarding attainment of general equivalency diploma (GED); attendance/financing of education at a technical school, trade school or college; including successful work ethic and attitude models.

An FYI-eligible youth cannot be required to participate in these services as condition of receipt of the voucher.

## **VII. DHCD's Roles and Responsibilities**

DHCD's roles and responsibilities under this Agreement are as follows:

1. Upon receipt of a referral from DCF, DHCD will compare the name with youth(s) already on DHCD's Housing Choice Voucher (HCV) waiting list to ensure that any youth already on the HCV waiting list is assisted in order of their position on the waiting list in accordance with DHCD policies.
2. DHCD and/or its designee, after receipt of an email referral from DCF, will conduct HCV eligibility screening. If the referred youth is determined eligible for HCV assistance, DHCD's Rental Assistance Division Director will send an email to HUD requesting the number of FYI vouchers needed, and will include in the email the applicant name(s) and all requisite information.
3. If eligible and approved, DHCD and/or its designee will provide an FYI voucher to the eligible participant and provide a monthly subsidy to the property owner.

# MEMORANDUM OF UNDERSTANDING

4. DHCD and/or its designee will continue to pay the monthly rental subsidy until 36 months have elapsed, or until the participant is no longer eligible for the monthly rental subsidy, whichever comes first.
5. DHCD will amend the Administrative Plan in accordance with applicable program regulations and requirements, if needed.

## **VIII. CoC's Roles and Responsibilities**

The CoC's roles and responsibilities under this Agreement are as follows:

1. The CoC will integrate the prioritization and referral process for eligible youth into the CoC's coordinated entry process.
2. The CoC will identify services, if any, to be provided using CoC program funds to youth who qualify for CoC program assistance.
3. The CoC will make referrals of FYI-eligible youth to the DCF.

## **IX. Privacy and Dissemination of Information**

### **1. Privacy Obligations**

DHCD and DCF agree that the information contained in the DCF referral constitutes "Personal Data" and further that their access to, and use of, the Personal Data constitutes their status as "Holder" of Personal Data, as such terms are used within M.G.L. c.66A. DHCD agrees that they shall comply with M.G.L. c.66A and any other applicable laws, rules, and policies governing use, disclosure, and maintenance of any Personal Data under this Agreement.

### **2. Restrictions on Further Dissemination of Information**

When DHCD receives information under the provisions of this Agreement from DCF, DHCD shall not further disseminate such documents or any portion of such documents to any person or entity except in accordance with this Agreement.

DHCD shall be permitted to use or share information obtained from DCF to the limited extent that such use or sharing is deemed necessary by DHCD to perform its responsibilities described in this Agreement.

## **X. Duration**

This Agreement shall be effective upon its execution by the parties and shall remain in effect until the earliest of one of the below occurs:

1. The parties mutually agree to terminate the Agreement;

# MEMORANDUM OF UNDERSTANDING

2. This Agreement is superseded by a successor memorandum of understanding;
3. If the CoC opts out or is otherwise unable to participate in this Agreement, the Agreement will remain in effect between DCF and DHCD. Either DCF or DHCD can terminate ~~Either party terminates~~ the Agreement at any time by providing written notice to the other party at least 30 calendar days prior to such termination. Notice must be in writing and delivered to the person who signs this Agreement by the respective agency; or
4. Funding ceases to be available; or the FYI Initiative ends.

Unless otherwise ended via one of the above methods, the Agreement shall automatically renew every five years at the anniversary of its execution, and the parties shall review the Agreement at that time and make any appropriate amendments.

## XI. Notice

Any notice required or desired to be given pursuant to this Agreement shall be in writing and shall be mailed and emailed to the persons signing this agreement (see below).

Signed this \_\_\_\_ day of \_\_\_\_\_, 2021

For DCF: Michelle Banks, Director of Adolescent and Young Adult Services  
Department of Children and Families  
600 Washington Street  
Boston, MA 02111  
michelle.banks@mass.gov

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For DHCD: Brendan Goodwin, Director, Division of Rental Assistance  
Department of Housing and Community Development  
100 Cambridge Street, Suite 300  
Boston, MA 02114  
brendan.goodwin@mass.gov

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# MEMORANDUM OF UNDERSTANDING

For the CoC: Alvina Brevard, Associate Director, Division of Housing Stabilization  
Department of Housing and Community Development  
100 Cambridge Street, Suite 300  
Boston, MA 02114  
alvina.brevard@mass.gov

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

DRAFT